



An Ghníomhaireacht um  
Leanaí agus an Teaghlach  
Child and Family Agency

## Registration and Inspection Service

### Children's Residential Centre

<b>Centre ID number:</b>	011
<b>Year:</b>	2016
<b>Lead inspector:</b>	Orla Griffin

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## Registration and Inspection Report

<b>Inspection Year:</b>	<b>2016</b>
<b>Name of Organisation:</b>	<b>Solis MMC</b>
<b>Registered Capacity:</b>	<b>Four young people</b>
<b>Dates of Inspection:</b>	<b>10<sup>th</sup>, 11<sup>th</sup> &amp; 12<sup>th</sup> of May 2016</b>
<b>Registration Decision:</b>	<b>Registered with attached condition from the 10<sup>th</sup> of May 2016 to 10<sup>th</sup> of May 2019</b>
<b>Inspection Team:</b>	<b>Orla Griffin Gary O'Connell</b>
<b>Date Report Issued:</b>	<b>16<sup>th</sup> November 2016</b>

# Contents

<b>1. Foreword</b>	<b>4</b>
1.1 Methodology	
1.2 Organisational Structure	
<b>2. Findings with regard to Registration Matters</b>	<b>8</b>
<b>3. Analysis of Findings</b>	<b>9</b>
3.1 Purpose and Function	
3.2 Management and Staffing	
3.3 Monitoring	
3.4 Children’s Rights	
3.5 Planning for Children and Young People	
3.6 Care of Young People	
3.7 Safeguarding and Child Protection	
3.8 Education	
3.9 Health	
3.10 Premises and Safety	
<b>4. Action Plan</b>	<b>43</b>
<b>5. Appendix I: Addendum to Report</b>	<b>51</b>

## 1. Foreword

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

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

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

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

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

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

## 1.1 Methodology

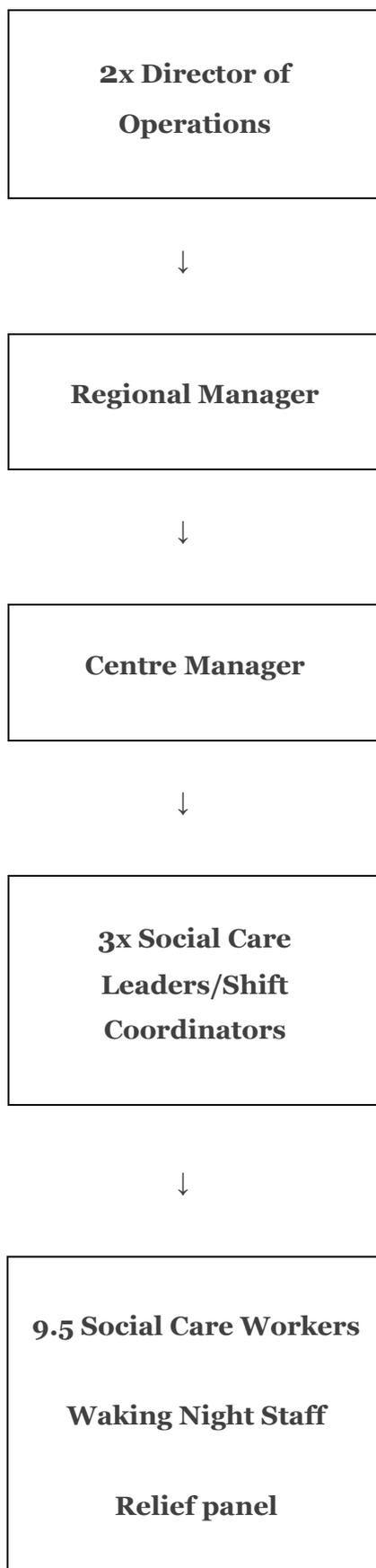
An application was duly made by the proprietors of this centre for continued registration on 18<sup>th</sup> April 2016. This announced inspection took place on 10<sup>th</sup>, 11<sup>th</sup>, 12<sup>th</sup> May 2016 over a three day period and this report is based on a range of inspection techniques including:

- ◆ An examination of the centres application for registration.
- ◆ An examination of pre-inspection questionnaire and related documentation completed by the Manager.
- ◆ An examination of the questionnaires completed by:
  - a) Ten of the care staff
  - b) Three young people residing in the centre
  - c) Social workers with responsibility for young people residing in the centre.
  - d) Other professionals e.g. General Practitioner's and therapists.
  
- ◆ An examination of the most recent report from the monitoring officer
- ◆ An inspection of the premises and grounds using an audit checklist devised by the Health and Safety and Fire and Safety officers of the former HSE.
- ◆ An examination of the centre's files and recording process.
- ◆ Interviews with relevant persons that were deemed by the inspection team as to having a bona fide interest in the operation of the centre including but not exclusively
  - a) The centre management
  - b) Four care staff
  - c) Two young people
  - d) The Monitoring Officer
  - e) Regional Manager
  
- ◆ Observations of care practices routines and the staff/ young person's interactions.

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

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

## 1.2 Organisational Structure



## 2. Findings with regard to registration matters

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

The findings of this report and assessment of the submitted action plan and the follow up visit to review the action plan deemed the centre not to be operating fully 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 with 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 10<sup>th</sup> of May 2016 to the 10<sup>th</sup> of May 2019. The conditions attached to the registration being:

1. Appropriate and suitable governance structures are put in place to ensure that the care and operational practices are robust and are consistently implemented.
2. The staff teams are stabilised and the number, experience and qualifications of staff are adequate to number of children residing in the centre and the nature of their needs.

These conditions will be reviewed by the Registration Committee in 2017.

## 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**

The centre had a written statement of purpose and function. The statement describes the provision of care at the centre as community based mainstream residential care for young people of either gender, aged thirteen to seventeen years on admission, on a medium to long term basis. The statement was most recently reviewed in conjunction with the centre's policy and procedure document in 2014 by management.

The service aims to provide a high quality standard of care that is responsive to the individual needs of young people, within a child-centred, supportive and safe open environment. The centre has a registered capacity for four young people and referrals to the centre are received through the Child and Family Agency central referrals committee. There were three young people in placement at the time of inspection and inspectors evidenced that the young people had been suitably placed in the centre. The centre register reflected that placements had ended outside of the purpose and function and this is discussed further in this report.

The centre's model of care is described as an approach that aims to meet the needs of the young person through relationship based practice and modelling to support young people to manage their emotions and life challenges. Inspectors evidenced that the model of care had been integrated into practice and it was reflected in the care files, interviews with management, staff and young people.

Booklets containing information on key areas of service provision including the purpose and function, children's rights and complaints are provided to young people in placement, their families and social workers.

#### **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**

#### **Register**

The centre register included all required admission and discharge information for young people placed at the centre, including the placing social worker's details. The Child and Family Agency maintain a copy of this information as required by the relevant Child Care Regulations.

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

The manager had ensured that the centre's policy and procedure for significant event records to be notified to the relevant professionals in a prompt manner following oversight by the manager and regional manager had been effectively implemented. The monitoring officer and social worker's for young people in placement stated that notifications had been consistently prompt and records were to a good standard. Management had good systems in place for the review of significant events and physical restraint that took place in consultation with a therapeutic crisis intervention trainer. The quality assurance manager completes significant incident reviews. Inspectors examined a review that was conducted promptly after a serious event. The review was of a good standard, comprehensive and informative and the recommendations had been implemented in staff practice.

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

#### **Management**

The centre is managed by a suitably qualified and experienced person who gained experience for the role within the organisation. The registration and inspection service was duly notified of a change of manager following the appointment of the new manager five months prior to inspection.

The manager is office based during normal office hours from Monday to Friday and had responsibility for on-call manager arrangements which operate on a rotational basis with other managers in the organisation. The manager informed inspectors of a range of mechanisms through which oversight of suitable care practices and operational procedures was undertaken. This included supervision of the staff team, chairing team meetings, observation of staff practice and interaction with young people, oversight of centre records and contact with young people in placement. The manager is line managed by a regional manager within the organisation. Inspectors found that while there are defined structures for oversight in the centre largely in place there were deficits in the areas of supervision and oversight of centre records including fire safety and registers and this is highlighted further in this report.

While the centre is suitably staffed, there was evidence that the manager and two experienced members of the staff team had been relocated for a number of weeks to support another centre within the organisation. This practice impacted on the manager's oversight structures. Given the temporary transfer of the manager and experienced staff to another centre within the organisation, the regional manager is required to inform the inspectorate of the strategies employed to satisfy themselves that suitable care and operational practices were in place having regard to the number of children in the centre and the nature of their needs.

The regional manager, who was recently appointed to post, has responsibility as the external manager for oversight of this centre and others within the organisation. The regional manager supervises the manager regularly and attends team meetings. A process of monthly audit reports from the manager has recently been initiated. The regional manager is notified of all significant events and receives daily progress reports for each young person. Senior management meetings are in place on a monthly basis attended by the director of services, regional managers and managers of centres within the organisation. The regional manager had responsibility for induction of the manager and informed inspectors of increased on site presence at the centre and availability to the manager. Young people in the centre were familiar with the regional manager and this role. While the centre monthly audit reports to the regional manager identified deficits in provision of supervision to the staff team it was unclear to inspectors how the regional manager was addressing this issue. The centre response to the most recent monitoring report identified an action plan to address this issue that had not been implemented in a timely manner. On review of the centre records inspectors did not observe the external manager signing off on records including centre registers or evidence that the report of the manager had

been quality assured. The regional manager must be satisfied that management oversight mechanisms are suitably implemented in the centre.

The staffing structure had changed since the last inspection. The role of the deputy manager had been replaced by three shift co-ordinator positions and these posts were fulfilled by staff qualified and experienced to a child care leader level. The shift co-ordinator's had not yet been designated specific responsibilities in supporting the role of the manager and inspectors recommend that this is addressed by management without delay.

The service had a quality assurance manager who completes regular audits of the centre's case and care records based on national standards and has a responsibility to ensure that all inspection and monitoring findings are acted upon. However, the inspectors found that aspects of the centre's action plan, including those to address issues in staff supervision had not been implemented. The quality assurance manager must ensure that all recommendations made in previous inspections and monitoring reports are followed up and implemented in the centre.

## **Staffing**

Inspectors found the staff team to be child centred and motivated towards positive outcomes for the young people in placement. The manager had responsibility for oversight of fourteen staff comprising of three full time shift co-coordinators, nine and a half social care worker posts and waking night staff. The staff team is suitably qualified and there is a mix of experience on the staff team. The service had access to a stable panel of relief staff. The service ensures a shift co-ordinator, who is experienced to a child care leader level, is appointed to each shift.

There are three shift teams that each complete a 48 hour shift on rotation. The teams comprise of two staff members and additional staffing requirements are indicated by risk assessment. There is provision for a third staff member to join this shift where the centre is operating at registered capacity. There is a live night staff member on shift each night. Inspectors observed that the staff rota does not include the live night staff member and this must be addressed by the manager without delay.

Personnel files held individualised contracts for staff members. However, some contracts had not reflected the staff member's current role in the centre or that a change of work location had taken place. The manager must ensure that staff members have contracts specific to their post in the centre.

The regional manager stated that a programme for staff retention had been initiated following an overview of staffing in the organisation and this programme included financial incentives and career progression. The regional manager informed inspectors that members of the core staff team that had left did so for amicable reasons. However, given the need to address staff retention on an organisation level, the regional manager has not initiated staff exit interviews, following recommendation in the last monitoring report, to inform the recruitment process. The manager must ensure that exit interviews take place to inform recruitment procedures.

Inspectors were satisfied new staff received a structured centre specific induction delivered by the manager and experienced members of the staff team.

The examination of personnel files for the core staff team confirmed that the vetting procedures for one staff member had not been complete. The personnel file in question demonstrated that three suitable professional references had not been obtained prior to commencement of the posts. Senior management must ensure that all vetting and references are compliant with the 'Department of Health Recruitment and Selection Circular, 1994'.

### **Supervision and support**

The manager has been in post for five months prior to inspection and was supervised by the regional manager. While the manager and regional manager stated that monthly supervision had taken place the manager's supervision files held records of two sessions only and this must be addressed by management. From the records on file it was observed that the manager completed monthly audit reports of centre practice as part of the supervision process. The manager's supervision considered areas including induction to the management role, referrals, training and staff performance. Inspectors recommend that the induction of the centre manager is recorded more robustly given that the level of support discussed by the regional manager and manager far exceeded supervision records.

Inspection findings with regard to manager's supervision of the staff team are similar to those of the most recent monitoring officer's visit. While supervision is due to take place monthly and had in some instances, the service had not adequately addressed recurring deficits in the provision of regular supervision. In one instance an experienced staff member had not received formal supervision in over four months. The monitoring report also identified that an effective link to the implementation of the young person's placement plan and progression of goals in supervision was

required. The review of supervision records evidenced that this had not been effectively addressed. The regional manager stated that supervision would be divided between the manager and two shift coordinators, as was stated in the last monitoring report, following the inspection. The findings of the inspectors demonstrate that significant development regarding the provision and content of supervision is required. Given the evidence gathered, centre management must ensure that supervision takes place in line with the supervision policy and an effective link to the young person's placement plan is demonstrated in the records.

Weekly team meetings had consistently taken place and were chaired by the manager and attended by the regional manager. An inspector observed a team meeting and found the progression of placement plans for each young person and managing behaviour had been discussed in detail and promoted staff consistency. This forum was also used to check in with the staff team and provide support. The review of team meeting minutes reflected that these were core items discussed. The records of the daily handover meetings and inspectors observation of this meeting evidenced that good communication and sharing of information about the young people had taken place.

A forensic psychologist attends the team meeting at regular intervals to support the staff team in meeting the needs of the young people in placement. Records of the forensic psychologist's input were poorly recorded in team meeting minutes in comparison to the level of discussion and input described by the staff team in interview. The manager must ensure that team meeting records accurately reflect the input of the forensic psychologist.

A confidential support service was available to staff who had suffered stress or injury in the course of their work or had been affected by personal situations. The staff members interviewed had a good knowledge of the service and how to access this if needed. There was evidence that debriefing had taken place with the staff team following serious incidents.

### **Training and development**

Training records had been located in the staff personnel folder. Training in report writing had been provided to new staff as part of induction. Each staff member completed training in child protection and while the majority of the staff team had completed core training in occupational first aid, behaviour management and physical restraint, some staff members had not.

The mandatory training needs of the staff team must be addressed by management without delay. A review of training records showed that a part time staff member had been in post for eight months without first aid and fire safety training. A staff member had not completed core training in therapeutic crisis intervention and there was evidence that refresher training had lapsed for a number of the staff team.

### **Administrative files**

Administrative records in the centre include personnel and supervision records of the staff team, fire safety, external management audits, maintenance and repair folders staff rotas and petty cash. There were records for management oversight and day to day practice including an individual register for the centre, significant events and complaints. There was a book for team meetings and internal management meetings. While the manager had oversight of records generated in the centre regarding the young people, the oversight of administrative files required improvement in the areas highlighted throughout this report.

The manager oversees the budget in the centre and is satisfied that it is adequate to meet the needs of the young people in placement.

### **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 & Qualifications)*

*-Part III, Article 16, Notification of Significant Events.*

### **Required Action**

- The regional manager must be satisfied that management oversight mechanisms are suitably implemented in the centre.

- Given the temporary transfer of the manager and experienced staff to another centre within the organisation, the regional manager is required to inform the inspectorate of the strategies employed to satisfy themselves that suitable care and operational practices were in place having regard to the number of children in the centre and the nature of their needs.
- The regional manager must ensure and be satisfied that management oversight mechanisms are suitably implemented in the centre.
- The manager must ensure that the staff roster includes the live night post.
- The manager must ensure that staff members have contracts specific to their post in the centre.
- The manager must ensure that exit interviews take place to inform recruitment procedures.
- Senior management must ensure that all references and vetting is compliant with the 'Department of Health Recruitment and Selection Circular, 1994'.
- The regional manager must ensure that records of the centre manager's supervision are evidenced on the supervision file.
- Centre management must ensure that supervision takes place in line with the supervision policy and an effective link to the young person's placement plan is demonstrated in the records.
- The manager must ensure that team meeting records accurately reflect the input of the forensic psychologist.
- The mandatory training needs of the staff team must be addressed by management without delay

### 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.

#### **Monitoring**

##### **3.3.1 Practices that met the required standard**

The Child and Family Agency monitoring service had a system in place for ongoing and formal review of significant event notifications by the designated monitor who confirmed this had regularly taken place. In November 2015 the centre was subject to an announced and unannounced monitoring visit. The monitor met with the manager, deputy manager, some of the staff team and two young people who had been in residence at the centre to enquire about their welfare and happiness. The monitor subsequently completed and circulated a comprehensive report to the centre, the social work department and the inspectorate. The inspectors have identified areas of the monitoring officer's report that had not been implemented at the time of inspection and this is highlighted throughout this report.

##### **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 not met the regulatory requirements in accordance with the *Child Care (Placement of Children in Residential Child Care) Regulations 1995, Part III, Article 17, Monitoring of Standards.*

## 3.4 Children's Rights

### **Standard**

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

#### **3.4.1 Practices that met the required standard**

##### **Consultation**

Review of the care file coupled with observations of staff practice and interviews with young people in placement provided evidence to support that consultation with young people had been a regular feature of staff practice. Young people were invited to participate in their daily and weekly plans, decoration of their bedroom, meal planning and activities. Young people were consulted as part of their statutory care plan and care plan review meetings and had a say in the development of their placement plan. Young people interviewed felt listened to by the staff team and also reflected that the staff took time to discuss rationale behind decision making with them.

While young people's meetings had previously taken place in the centre, these meetings were no longer scheduled as management found that other means of consultation had been more purposeful for the resident young people. Inspectors recommend that this decision is revisited regularly with the young people by the management and staff team. Young people are allocated a key worker on admission who had a particular role in advocacy. A young person discussed contact with external advocacy service EPIC to seek additional support in a matter regarding education that led to a positive outcome.

##### **Access to information**

The centre had a written policy on young people's access to information and this is reflected in the young person's booklet provided on admission. Young people reflected their understanding of their right to access information in their questionnaires. Records maintained by the staff team reflect that young people are regularly offered access to their files and this had taken place on a monthly basis since the appointment of the new manager. Young people's files were stored in a secure manner. An agreement is reached between the manager and the placing social worker regarding how parents are updated about their children's placement.

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

#### **Complaints**

The complaints policy and procedure document includes information on the process for managing formal and informal complaints. The policy is comprehensive and deals with complaints against staff, complaints from family members and the appeals process. Complaints are circulated to relevant professionals including the regional manager through the significant event notification system. Young people are notified of their right to complain during the placement contract meeting and in writing through the young person's information booklet. The young people interviewed had a good understanding of the process of making a complaint and were informed of external advocacy groups for young people in care. A young person who had made a complaint had been satisfied with the process and outcome. The staff interviewed had a clear understanding of the complaints policy.

A complaints register was initiated in December 2014. Inspectors found that the complaints register had not been overseen by manager and regional manager. Management oversight of the complaints register must take place to ensure that complaints are managed appropriately and to identify areas for staff development and learning.

The entries in the complaints register had corresponded to the individual record of complaint on the care file. The young person's satisfaction with the outcome of the complaint is recorded on the complaint form. In terms of management oversight it is recommended that the voice of the young person is recorded on the complaints register also.

One complaint in the register, made six weeks prior to inspection, had not reached conclusion. The complaint referred to social work practice and it was not clear what efforts had been made by the staff team to gain an outcome for the young person. The manager must ensure that reasonable efforts are made by the staff team to bring complaints to conclusion in line with the centre policy.

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

None identified.

### **3.4.4 Regulation Based Requirements**

The Child and Family Agency has met the regulatory requirements in accordance

with the *Child Care (Placement of Children in Residential Care) Regulations 1995, Part II, Article 4, Consultation with Young People.*

### **Required Action**

- Management oversight of the complaints register must take place to ensure that complaints are managed appropriately and to identify areas for staff development and learning.
- Centre management must ensure that reasonable efforts are made by the staff team to bring complaints to conclusion in line with the centre policy.

## 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**

#### **Contact with families**

Staff members valued the importance of contact with families and supporting young people to maintain family relationships. Family access visits can take place at the centre on agreement with the social work department and there are facilities for this to take place in private. Arrangements for the sharing of information with parents regarding their child's progress had been agreed between the centre management and social worker. Inspectors reviewed questionnaires completed by parents and there was a positive reflection on the level and quality of contact from the staff team and the provision of updates about their child. There were arrangements in place for young people to have contact with their siblings. For some young people placements at this centre were a considerable distance from their home. Social workers interviewed informed inspectors that provisions were made to ensure that the distance to the centre was not a barrier to family access.

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

A section of the young person's care file is dedicated to professional visits. Within this section records of social work visits were developed to a good standard. The records demonstrated that external professionals and social workers had met with the young people at the centre and in private. Visits to young people by their allocated social worker had taken place in line with regulations and there was evidence of visits taking place more regularly based on the young person's needs. Young people had the contact details of their social worker and access to a phone.

## **Social Work Role**

Social workers to the young people in placement had provided sufficient background information about the young person to the centre prior to admission. Care records and interviews with social workers and young people evidenced that regular social work safeguarding visits had taken place. Social workers had convened statutory care plan and care plan review meetings in line with regulations.

Social workers confirmed that significant events including complaints had been received promptly. There was evidence that the young person's daily logs and their care file had been reviewed by two of the three social workers. The files had not been reviewed for a young person who had been in placement for a long period. The Child and Family Agency social work team leader must ensure that the social worker reviews the care file and daily logs to be satisfied of the provision of care to the young person in the centre.

## **Preparation for leaving care**

The development of independent living skills had been attended to with each young person in placement in an age appropriate way. Younger residents were encouraged to engage in meal planning and cooking activities with staff and had suitable chores such as tidying their bedroom. A young person in placement was reaching eighteen and there was evidence that key work and individual work sessions were much more focused on development of independent living skills in preparation for leaving care. The young person's care plan outlines the preparation and support in place as well as the need for a comprehensive aftercare plan. This young person engaged in interview with inspectors and discussed a progression of skills while in placement including meal preparation and cooking, managing health, budgeting and laundry. Since the onsite inspection a more robust plan has been developed by relevant professionals in consultation with the young person to ensure that required supports are put in place to support a successful transition from the centre to independent living.

## **Discharges**

The centre has a written policy document specific to discharges. Inspectors observed that end of comprehensive placement reports had been routinely completed by the young person's key worker following both planned and unplanned discharges. The review of the centre register reflected that several placements have ended in an unplanned way and some had not been in line with the centre's purpose and function. From interview with the manager, it appears that a formal review of admissions and

outcomes in the centre, with particular regard to unplanned discharges has not taken place. Inspectors recommend that management reviews the circumstances where young people have been discharged in an unplanned manner and not in line with their care plan to inform admission process and service development.

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

Inspectors examined the care files for each young person in placement. These files contained a copy of the birth certificate, the court order/ copy of parental consent to the child being in care, medical information and records of administration of medication. The style of writing in the documents had been consistent, non-discriminatory, respectful and reflective of the ethos of the centre.

The staff team completed daily logs that captured daily activities of the young person. The centre had achieved a good standard of report writing that had been consistent across the staff team. The care files are stored securely on the premises and care files are kept in perpetuity in a secure location.

As stated in this report, the input of the psychologist to the care provided by the staff team for young people in placement should be better represented on the case file. The manager provided a sample emails from the psychologist regarding guidance for the staff team. Inspectors recommend that the manager reviews how this information is to be more robustly reflected on the care file.

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

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

The social workers for the young people in placement at the time of inspection had convened statutory care plan and statutory care plan review meetings in compliance with regulations. The care plans reviewed by inspectors had set out the aims and objectives of the placement and had addressed the young person's needs in the areas including their identity, family contact, emotional and behaviour development. There was evidence that reviews of the care plan had taken place in line with regulations and one social worker had convened these meetings more regularly based on the needs of the young person. The centre maintained comprehensive records of care plan meetings that represented the voice of the young person, their family and professionals.

For one young person, the social worker stated that the care plan meeting took place on admission however a copy of this plan had not been on the care file. The Child and Family Agency social worker for a young person must ensure that a copy of the young person's care plan is provided to the centre for the care file.

The care plan review documents and minutes by the centre showed that young people, their families and relevant professionals had been regularly invited to participate in care plan meetings. The young people interviewed talked about being encouraged to attend their care plan review meetings and feeling involved in decision making about their lives. The young person's key worker prepared a report for and attended the care plan review meeting.

Comprehensive placement plans were developed for each young person in the centre. The placement plans reviewed by the inspectors integrated the decisions of the care plan and particular tasks were assigned to the key work role. The review of placement plans demonstrated that young people had been supported in the goals of their care plan and progress had been made through individual and key work.

Inspectors found that the voice of the young person in terms of their own goals for the placement had not been clear from the placement plan. It is recommended that the manager reviews how a young person's participation in the development of their placement plan is better represented.

While the placement plan document was comprehensive there were goals that referred to general social care practice including consultation and implementation of the complaints policy. Inspectors recommend that these tasks are removed from the placement plan to reduce the size of this lengthy document to keep the tasks specific to the young person's needs.

### **Suitable placements and admissions**

The centre had a written policy and procedure for admissions. The suitability of a referral and the subsequent admission process is informed by the individual and collective risk assessment completed by the manager and the pre-admission risk assessment completed by the allocated social worker. Inspectors found that the centre's approach to risk management included their training in behaviour management and included methods that had been effective from previous placements.

The inspectors identified that pre-admission information had not been considered in the pre-admission collective risk assessment by the centre. For example, the pre-admission information evidenced that the young person had engaged in bullying behaviour however this had been reflected in the centre's pre-admission risk assessment. The manager must ensure that known information about young people is carefully considered in pre-admission risk assessments.

Young people were encouraged to participate in the admissions process by engaging in a placement agreement meeting where key aspects of the operation of the centre was discussed including the sharing of information, routines in the centre and medical information. The admissions for young people in placement had been in line with the centre's purpose and function. The social workers interviewed were satisfied that placements continued to be suitable to the needs of the young people.

The review of the centre register demonstrated that a high number of unplanned discharges had taken place since the last inspection. Inspectors recommend that management reviews the circumstances where young people have been discharged in an unplanned way and not in line with their care plan to inform admission process and service development.

### ***Standard***

Supervising social workers have clear professional & statutory obligations & 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.

### **Emotional and specialist support**

The staff team's approach to emotional support for young people is informed by the centre's model of care that draws on methods of re-establishing relationships, social modelling and positive reinforcement. The observation of the team meeting and review of care records demonstrated that staff monitor young people's emotional presentation and give due consideration to interventions and supports to assist young people in coping in their daily lives. The inspectors observed that strategies discussed in the team meeting to emotional support young people had been implemented to practice during the onsite inspection.

Key workers had particular roles in supporting and building relationships with young people and this was reflected in key work records and interviews with young people.

The consistency of key workers had been impacted by staff retention and one young person had been recently allocated his fourth key worker since admission. While the management and team recognised an impact on the young person and developed strategies for additional support it highlights the impact that staffing issues can have on consistency of care for young people.

The organisation provides the service of a forensic psychologist to offer guidance to the staff team in supporting the young people's emotional and behavioural development. The forensic psychologist reviews placement plans, significant events, attends professional meetings and attends team meetings on a monthly basis. The forensic psychologist can also be engaged with young people on a sessional basis on request of the social work department. The connection between the input from the forensic psychologist and practice of the staff team had not been clearly represented on the care files. For example, records of the psychologists input at team meeting minutes had not matched the descriptions of detailed discussion from staff in interview. Given that the input from the forensic psychologist informs staff practice, management must ensure that guidance from the forensic psychologist is recorded clearly in team meeting records and is represented on the care file.

Young people in the centre had emotional needs that required specialist assessment, intervention and support. Good practice took place whereby specialist support services were engaged to provide information to the staff team during the admission process. Furthermore, the staff team actively sourced, facilitated and encouraged young people to engage with local support groups and specialist support services.

Young people had assessed needs that had implications for the provision of care at the centre. For some young people, some staff members had a clear understanding of their diagnosis and how this informs practice. However, inspectors found a difference of understanding among management and staff regarding whether a young person recently placed at the centre had specialist emotional needs and how this informed staff practice. Management must have a robust knowledge of the young person's specialist emotional needs. The manager must oversee that the staff have a clear and shared understanding of the young person's specialist emotional needs and how this informs staff practice.

## **Aftercare**

The service had a policy on aftercare that reflected the Child and Family Agency's national aftercare document; '*National Policy and Procedure Document on Leaving and Aftercare Services (2011)*'. At the time of inspection one young person was eligible for an aftercare service under the national policy.

This young person had an allocated aftercare worker who informed inspectors that while regular meetings with the young person had taken place, it had not been possible to schedule meetings at the centre due to resource issues. The aftercare worker had explored the possibility of a re-assignment of aftercare worker in the local area however the local service was not in a position to do so.

The young person had informed inspectors that discussions had taken place with the aftercare worker and social worker with regards to a leaving care and aftercare plan. This plan involved the transition from the placement to independent living with outreach support from the staff team prior to the young person's eighteenth birthday. Following the onsite inspection the social work department informed the registration and inspection service that this plan had evolved to offer a more gradual transition to independent living while the residential placement would continue to be available on a part time basis until the young person's eighteenth birthday. The Child and Family Agency principal social worker provided assurances that the placement can be funded thereafter to support the completion of the leaving certificate examinations based on the views of the young person and agreement of the registration and inspection service.

While a written aftercare plan was not in place at the time of inspection, a meeting was recently convened for this purpose and it took place prior to the young person's eighteenth birthday. The Child and Family Agency principal social worker must submit details of the young person's aftercare plan to the registration and inspection service to demonstrate that appropriate aftercare planning and service provision is in place to support positive outcomes for the young person in line with the national policy.

### **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 V, Article 25&26, Care Plan Reviews***

***-Part IV, Article 23, Paragraphs 1&2, Care Plans***

***-Part IV, Article 23, paragraphs 3&4, Consultation Re: Care Plan***

***-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 Child and Family Agency social worker for a young person must ensure that a copy of the young person's care plan is provided to the centre for the care file.
- The Child and Family Agency social work team leader must ensure that the social worker reviews the care file and daily logs to be satisfied of the provision of care to the young person in the centre.
- Management must ensure that guidance from the forensic psychologist is recorded clearly in team meeting records and is represented on the care file.
- Centre management must ensure that the staff team have a clear and shared understanding of young people's emotional needs and diagnosis to inform staff practice.
- The Child and Family Agency principal social worker must submit details of the young person's aftercare plan to the registration and inspection service to demonstrate that appropriate aftercare planning and service provision is in place to support positive outcomes for the young person in line with the national policy.

## 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

#### **Individual care in group living**

The staff team encouraged young people to get involved in local clubs and activities to pursue their interests, talents and develop positive social relationships. Some of the young people in placement had participated in local clubs following support from the team. Inspectors observed that young people who had an interest in cooking and baking had the support of their key workers to develop these independent living skills. In interview with young people, it was clear that special events were recognised by the staff and celebrated. The staff had a sensitive approach to supporting young people who had difficulties managing their personal hygiene.

The manager encouraged consideration of the message behind young people's behaviours at team meetings and inspectors found staff to be sensitive to the circumstances that led to young people being in care. Young people interviewed viewed their key worker as having a special role in listening and supporting them in their daily lives.

#### **Provision of food and cooking facilities**

While onsite, the inspectors observed that young people engaging in meal preparation with members of the social care team and their efforts were supported with encouragement and praise. Inspectors observed that meal times were considered by staff and some young people as a positive social event and an opportunity for supportive interaction. There was evidence of good practice in encouraging young people to develop a varied and healthy diet. Young people could access food easily during the day time. The kitchen was locked at night time based on risk assessment and young people interviewed understood the rationale provided by

staff. It is recommended that a member of the staff team completes training in food hygiene and preparation to oversee good hygiene practices in the centre for staff and young people.

### **Race, culture, religion, gender and disability**

The centre had a written policy on discrimination. The policy recognises that young people in the centre can be vulnerable to discrimination through being in care. The policy promotes the recognition of diversity in race, culture, religion, gender and disability. Consultation with young people had taken place regarding religious practice during admission and the staff team facilitated attendance at religious ceremonies as required. There was evidence that young people in placement had an understanding of their care circumstances, their family contact and sense of identity was discussed and supported in individual and key work sessions.

### **Managing behaviour**

The centre had a written policy that informed the approach of the staff team to managing behaviour. The staff team completed training in therapeutic crisis intervention and in line with this method focused on de-escalation and promotion of positive coping mechanisms with the young people. There was evidence of good communication with external professionals working with young people to develop strategies of managing behaviour effectively. The team also used structured daily planners and rewards schemes to assist young people in regulating their behaviour.

The approach of the staff team was structured by individualised crisis management plans that were developed by the staff team following admission and were reviewed regularly to provide a current framework to responding to the behaviours of the young person. Inspectors found that the plans needed to be further individualised with specific details of the young person's behaviour in each phase of escalation and recommend that this is addressed without delay by the manager.

The review of the care files demonstrated that staff consistently made efforts to engage with young people following significant events through individual and key work to promote positive coping strategies. The staff team considered precipitating factors to behaviour and this had been facilitated by the manager in weekly team meetings. The review of the care files reflected that good behaviour was responded to with positive reinforcement and recognition from the staff.

The management of risks was structured by behaviour support plans developed for each young person and reviewed monthly. Site specific risk assessments had also been used to outline known or potential risk within the centre. Sanctions were used in the centre in line with the policy on managing behaviour and were overseen by the manager. Inspectors reviewed sanctions implemented in the centre and found there had been a reasonable response to the behaviour. Social workers for the young people received behaviour support plans and individual crisis management plans and had been satisfied that good behaviour management structures were currently in place.

The centre had a log to track where young people's positive behaviour had been rewarded with additional activities. However, it appears that this is no longer in use and as such inspectors recommend that the manager clearly identifies this on the log to ensure that it reflects an accurate account of staff practice.

### **Absence without authority**

The response of the staff team to absences by young people had been structured by individual absence management plans that provided guidance for responding to absences and the threshold for implementation of the missing child in care procedure in line with the national protocol for children missing in care. These documents had been circulated to and reviewed by the allocated social workers. There were some aspects where curfew testing limits of the individual absence management plan required further attention and it is recommended that this is attended to by the manager. Management and staff had a good understanding of the absence management plans and review of the care file reflected proper procedures were being implemented into practice and prompt notification to relevant professionals had taken place. The staff complete room searches following episodes of missing in care as a safeguarding measure.

The level of absences for a young person in placement had impacted on engagement with the staff team and implementation of the placement plan. Inspectors observed the manager and staff team discussed strategies to encourage reduction in absences including specific approaches to engaging with the young person, daily and weekly planners and forward planning events. The social worker had convened a management prevention strategy meeting, in line with the national policy, to develop suitable safety planning to manage this risk. The social worker informed the inspectors that ongoing liaison was taking place with the local Gardaí as part of a risk management strategy.

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

#### **Restraint**

The practice of restraint at the centre is based on a researched and reputable model whereby staff must complete initial training and then engage in refresher training twice a year thereafter. The training scheduled showed outstanding basic and refresher training for the staff team. This issue mirrors that of the most recent monitoring officer's report. The registration and inspection service require a management response detailing the basis on which suitable training schedules for the use of restraint have not been implemented effectively for the staff team. Inspectors identified in this report that management is required to submit a schedule of training that confirms the completion of all core training for the staff team.

Restraint had taken place at the centre three times in the twelve months prior to inspection. A social worker for a young person who experienced restraint at the centre was interviewed and had been satisfied that records of restraint were comprehensive and restraint had been required to safely manage the situation.

The circumstances that permit restraint is set out in individualised crisis management plans that include the type of restraint that can be used. Inspectors found that contra-indicators had not been stated and this is a particular concern as some young people misuse substances and have health issues that can make restraint unsafe. The type of restraint for one young person had recently changed despite it not being suitable when the individual crisis management plans had been previously reviewed. A member of the staff team is a trainer in the method of restraint used and the manager should use this resource give the issues outlined. The manager must ensure that plans structuring the use of restraint contain any contra-indicators and proposed restraint is appropriate to the young person. Centre management must ensure that plans structuring the use of restraint state known contra-indicators and names methods of restraint, individualised to the young person, that are suitable to be deployed by the staff team if required.

The physical intervention register was overseen by the manager. Three incidents of physical restraint had taken place in the twelve months preceding inspection. Incidents of restraint, like other serious events in the centre, had been circulated to relevant professionals through the significant event notification system. The service had an internal critical incident review process that included participation by a certified trainer in the model of restraint as a safeguarding measure to ensure safe and suitable practices had been employed. Inspectors found that some entries in the

physical intervention register had not been located on the restraint section in the individual care file. The manager must ensure that incidents of physical restraint are recorded on the young person's care file.

### **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.*

### **Required Action**

- Centre management must ensure that plans structuring the use of restraint state known contra-indicators and names methods of restraint, individualised to the young person, that are suitable to be deployed by the staff team if required.
- Centre management must ensure that incidents of physical restraint are recorded on the young person's care file.
- Centre management must submit confirmation that the staff team complete core and up to date refresher training in the practice of restraint.

### 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

##### **Safeguarding**

The centre had a comprehensive safeguarding policy and inspectors found that the policy is understood by the staff team and is reflected in centre practice. There is a 1:1 staffing ratio and a live night system currently in place. An internal alarm system is not in place, however, the manager is satisfied that the presence of a live night mitigates any risk associated with young people accessing each other's rooms. Inspectors recommend that internal alarm system is installed should the role of the live night reduce or be removed.

A range of systems exist in the centre aimed at keeping young people safe including supervision, management oversight of staff practice and promotion of children's rights and participation in the centre. As stated earlier in this report appropriate vetting and references for a staff member must be addressed. The quality assurance manager had undertaken comprehensive significant incident reviews in response to serious incidents where young people placed themselves at risk. The review document represented an important process in examining staff practice and identifying required practice development to strengthen safeguarding strategies.

There was evidence that a young person had engaged with an advocacy service for young people in care, EPIC. Staff had completed key working with young people specific to safe internet usage and use of social media.

### 3.7.2 Practices that met the required standard in some respect only

#### **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.

#### **Child protection**

The centre had a policy and procedure document on child protection that draws from *Children First, National Guidelines for the Protection and Welfare of Children (2011)*. The policy addresses the procedures for receiving disclosures and allegations and management of allegations of abuse. There is a clear structure in place for child protection matters to be reported to the manager as the designated liaison person and this was understood by the staff team.

The manager initiated a child protection register to record notifications and outcomes of child protection and welfare matters reported to Child and Family Agency social work departments. In the last year there were three child protection concerns notified by the centre manager who is the child protection officer for the centre. The outcome for one notification is not recorded on file as an outcome had not been reached prior to the end of the young person's placement. The records of communication with the social work department regarding notifications require improvement. The manager must ensure that the response of the social work department to notifications of a child welfare and protection nature is maintained on the care file in a manner that facilitates management oversight and evidences the outcome.

### 3.7.3 Practices that did not meet the required standard

None identified.

#### **Required Action**

- Centre management must ensure that the response of a social work department to notifications of a child welfare and protection nature is maintained on the care file in a manner that facilitates management oversight and evidences the outcome.

## **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**

The staff team actively supported young people to attend education in the local area at schools that were suitable to their educational needs. At the time of inspection two young people had education placements and a placement for a young person who had recently moved to the centre was being pursued by the social work department and staff team. Home tuition hours had been applied for by the allocated social worker in the interim and the staff team engaged the young person in regular educational day trips.

Records demonstrated that staff had regular contact with schools to keep track of progress and attended meetings as required. Young people interviewed had access to quiet spaces to complete their homework and assistance was provided by staff when needed.

There was evidence that a young person had a high level of absences from the centre and this impacted on engagement with education. The inspectors observed that strategies had been put in place to respond to absences with a view of promoting engagement in education.

#### **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**

Young people in the centre are registered to a general practitioner and a dental practice local to the centre. Knowledge about the young person's health needs was gained through pre-admission information, care plans and their requirement for additional health care provision was informed through staff observations, daily interactions and consultation with young people. There was evidence that the manager had requested and received medical history for resident young people. There was evidence that the staff team responded to the health needs of young people and sought specialist support where necessary. The records demonstrated ongoing encouragement from the staff team to support young people to address their health needs and attend medical appointments. The team provided good support to young people to engage in physical activities including local sports clubs and gyms to promote their physical health. The manager informed inspectors that where immunisation records were pending for a recently placed young person requests had been made to social work departments. Inspectors have recommended that the manager places evidence of the request on the health section of the care file to demonstrate efforts to secure this information.

Specific aspects of health and development were addressed and discussed with young people through individual and key work sessions that covered a range of health topics including diet and exercise, physical and sexual development and substance misuse. The centre had a good system in place to record the administration of medication. The care file contained appropriately signed consent forms for medical care overseen by the assigned key worker. The centre had a no smoking policy and actively encouraged young people to cease smoking through key work and modelling.

#### **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 & 13 of the Child Care Regulations, 1995.

#### **3.10.1 Practices that met the required standard**

##### **Accommodation**

The centre was located in a detached house in a rural location. The centre had access to local schools and amenities in the surrounding areas. The local area had a range of recreational clubs and activities.

The centre itself was spacious, clean and nicely decorated. Each young person had their own bedroom and suitable storage space for their belongings. Young people interviewed by inspectors liked the accommodation and felt that it was a nice place to live. While property damage had taken place at the centre good efforts had been made to restore the centre and maintain a homely atmosphere for the young people living there and maintenance records reflected that this happened in a timely manner. The manager submitted an up to date schedule of insurance to the registration and inspection service providing adequate cover against accident or injury to young people.

##### **Maintenance and repairs**

Records of maintenance and repairs were recorded in a specific maintenance book. These records showed attention to general maintenance and repairs on the centre and surrounding grounds and some incidents of property damage. While the centre was generally in good repair attention needs to be afforded to the replacement of carpets beginning to fray on the stairs.

The records of maintenance and repairs had not been up to date. Inspectors observed that repairs had taken place that had not been entered into the log book. The inspectors had not observed evidence of management oversight of these records and this mirrored an issue raised in the most recent monitoring report. The manager must have oversight of the maintenance book to ensure that suitable records are maintained by the staff team.

## **Safety**

The quality assurance manager completes bi-monthly audits on the centre that include oversight of health and safety standards. There is a shared responsibility among the staff team to be vigilant of and address health and safety issues on site. There are specific health and safety audits completed by the health and safety representative and staff team for the centre and there are good routine vehicle checks taking place. The staff regularly used the two centre vehicles for transporting young people and both vehicles were suitably taxed and insured.

There are effective systems in place to ensure that the administration of medication happens in a safe manner including provision of specific training to the staff team, secure storage of medication and completion of records to track the provision of and use of medication by young people.

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

#### **Fire Safety**

The manager provided proof of centre compliance with building regulations. A fire book was used to maintain a record of fire safety measures taking place at the centre. Fire drills had taken place in line with best practice guidelines and following the commencement of new staff or a young person's placement. However, the entries for fire drills had been logged in two separate sections of the fire book and this must be addressed by the manager. The records showed that young people's participation in fire drills following admission.

Following an incident of fire setting, safety measures had been implemented by the staff team. The affected area had since been restored and decorated to a good standard.

External professional services are contracted to service the fire safety equipment. The review of records in conjunction with receipts in the fire safety book evidenced that checks were in date. Centre management must ensure that checks on all fire equipment are recorded appropriately

The fire safety measures taken by the centre include daily inspection of escape routes. Inspectors identified several days where these checks had not taken place. Evidence of management oversight of fire safety records had not been observed by inspectors.

The manager must oversee fire safety records to be satisfied that all required fire safety measures are in place.

### **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 & Safety)*

*-Part III, Article 13, Fire Precautions.*

### **Required Action**

- Centre management must ensure that all fire safety checks including annual checks on all fire equipment are recorded appropriately.
- Centre management must have regular oversight of fire safety records to be satisfied that all required fire safety measures are in place.

## 4. Action Plan

Standard	Issues Requiring Action	Response	Inspectors Commentary
<p><b>3.2</b></p>	<p>The regional manager must be satisfied that management oversight mechanisms are suitably implemented in the centre.</p> <p>Given the temporary transfer of the manager and experienced staff to another centre within the organisation, the regional manager is required to inform the inspectorate of the strategies employed to satisfy themselves that suitable care and operational practices were in place having regard to the number of children and the nature of their needs.</p>	<p>Governance forms are completed on a monthly basis and submitted to regional manager who will visit the centre and verify recordings.</p> <p>From the inspection feedback and from the organisation’s learning of that period of time, there will not be an occasion in future where key members of the centre team are deployed to another centre regardless of crisis. This has been discussed between the centre’s acting manager and the regional manager.</p>	<p>Inspectors are satisfied that the implementation of this response by the regional manager will address this issue.</p> <p>Inspectors are satisfied that the response from the manager and regional manager addresses this issue.</p>

	<p>The manager must ensure that the staff roster includes the live night post.</p> <p>The manager must ensure that staff members have contracts specific to their post in the centre.</p> <p>The quality assurance manager must ensure that all recommendations made in previous inspections and monitoring reports are followed up and implemented in the centre.</p> <p>The manager must ensure that exit interviews take place to inform recruitment procedures.</p>	<p>The live night roster will be printed and displayed in conjunction with the social care worker roster and this has been implemented since June 2016.</p> <p>The centre manager will ensure that personal and supervision folders will be updated with the correct contract by October 28<sup>th</sup>.</p> <p>All inspection and monitoring reports are forwarded to the quality assurance manager along with the action plans to address recommendations by the centre manager. A meeting will be arranged between the centre manager and the quality assurance manager to review recommendations.</p> <p>Upon staff handing in their notice, an exit interview will be scheduled prior to their leaving to provide opportunity for learning. This will be an ongoing process which will begin immediately.</p>	<p>Inspectors are satisfied that this action will address the stated issue.</p> <p>Inspectors are satisfied that the implementation of the stated action will address this issue.</p> <p>Inspectors are satisfied that the action taken by the manager and quality assurance manager will address this issue.</p> <p>Inspectors are satisfied that the action taken by the manger will address this issue.</p>
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	<p>Senior management must ensure that all vetting and references are compliant with the ‘Department of Health Recruitment and Selection Circular, 1994’.</p> <p>The regional manager must ensure that records of the centre manager’s supervision are evidenced on the supervision file.</p> <p>Centre management must ensure that supervision takes place in line with the supervision policy and an effective link to the young person’s placement plan is demonstrated in the records.</p>	<p>This will be overseen through the governance forms to ensure that all staff references and vetting are compliant with this. Management will make all efforts to pursue a third reference for a staff member retrospectively</p> <p>The manager will file his supervision minutes following signature by both he and the regional manager. This will be checked during the regional manager’s regular visits.</p> <p>A new supervision pro forma has been implemented to focus more on the link with the placement plan. A monthly supervision schedule will be sent out to the staff team at the beginning of each month, ensuring that all staff are adequately supervised. Shift coordinators will perform policy and procedures supervision with new staff. This will be ongoing and commencing immediately.</p>	<p>Inspectors are satisfied that this action will address the issue with respect that governance forms are used prior to staff commencing work at the centre.</p> <p>Inspectors are satisfied that this action will address the issue.</p> <p>Inspectors are satisfied that a plan has been put in place for monthly supervision of the staff team to address this issue. Given that consistent supervision of the staff team has been problematic, inspectors recommend that the effectiveness of this plan is closely overseen by the regional manager.</p>
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	<p>The mandatory training needs of the staff team must be addressed by management without delay.</p>	<p>The manager will liaise with the training officer to arrange mandatory training for the addressed areas. All needs to be met by 30<sup>th</sup> November.</p>	<p>Inspectors are satisfied that a training plan will be implemented to address outstanding training needs and this will be overseen by the manager. In the interim the manager must ensure that there are safeguards in place regarding training deficits on the staff team.</p>
<p><b>3.4</b></p>	<p>Management oversight of the complaints register must take place to ensure that complaints are managed appropriately and to identify areas for staff development and learning.</p> <p>Centre management must ensure that reasonable efforts are made by the staff team to bring complaints to conclusion in line with the centre policy.</p>	<p>The daily logs and other daily paperwork will be checked by the manager to ensure that complaints are not missed. The register will be looked at immediately to manage the complaints accordingly. This will be resolved by 31<sup>st</sup> October.</p> <p>The centre policies on complaints have been reviewed during a team meeting since the inspection. This will be revisited on a 6 monthly basis and new staff will also be introduced to the policy through their respective policies and procedures supervision.</p>	<p>Inspectors are satisfied that the actions taken by the manager will address this issue.</p> <p>Inspectors are satisfied that the stated actions will address this issue.</p>

<p><b>3.5</b></p>	<p>The Child and Family Agency social worker for a young person must ensure that a copy of the young person’s care plan is provided to the centre for the care file.</p> <p>The Child and Family Agency social work team leader must ensure that the social worker reviews the care file and daily logs to be satisfied of the provision of care to the young person in the centre.</p> <p>Management must ensure that guidance from the forensic psychologist is recorded clearly in team meeting records and is represented on the care file.</p>	<p>The Tusla social work team leader reviewed the social work records and identified that the initial care plan may not have been circulated to the centre and in response the care plan document has been provided to the centre manager.</p> <p>The Tusla social work team leader confirmed that the social worker reviewed the daily logs and care files regularly and has reminded the staff team to sign off on reviewed records to evidence this practice.</p> <p>The team meeting minutes now have a section for input and recommendations from the forensic psychologist to be recorded; this will continue upon his attendance at meetings. A section for this input will be added to each young person’s care file and the relevant input shall be added. This will begin in October and continue following visits from the forensic psychologist.</p>	<p>Inspectors are satisfied with this response.</p> <p>Inspectors are satisfied that the actions by the social work team leader will address this issue.</p> <p>Inspectors are satisfied that the stated action will address the issue.</p>
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	<p>Centre management must ensure that the staff team have a clear and shared understanding of young people's emotional needs and diagnosis to inform staff practice.</p> <p>The Child and Family Agency principal social worker must submit details of the young person's aftercare plan to the registration and inspection service to demonstrate that appropriate aftercare planning and service provision is in place to support positive outcomes for the young person in line with national policy.</p>	<p>The new supervision pro forma (introduced in October) will ensure there is more focused discussion about the needs of the young people and how to address these needs. In circumstances where there are specialist needs, the centre will ensure consultation with the specialist following sessions/interventions to allow the centre staff's practice to be informed and improved. This will be an ongoing practice beginning in October.</p> <p>The allocated aftercare worker submitted the details of the aftercare plan to the registration and inspection service.</p>	<p>Inspectors are satisfied that the implementation of the actions will address this issue and monitor its effectiveness.</p> <p>Inspectors are satisfied that the implementation of the actions in the aftercare plan will address the issue.</p>
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<p><b>3.6</b></p>	<p>Centre management must ensure that plans structuring the use of restraint state known contra-indicators and names methods of restraint, individualised to the young person, that are suitable to be deployed by the staff team if required.</p> <p>Centre Management must ensure that incidents of physical restraint are recorded on the young person's care file.</p> <p>Centre Management must submit confirmation that the staff team have completed core and up to date refresher training in the practice of restraint</p>	<p>The manager, who is also a training in the method of restraint used by the staff team, will review current and future plans structuring the use of restraint to ensure all required information including contra-indicators and the method of restraint stated is suitable to be deployed by the staff team if required.</p> <p>The acting centre manager will check the care file registers on a bimonthly basis to ensure that they are up to date. This will commence in October and become an ongoing process.</p> <p>Refresher training in the use of restraint has been arranged to take place at the centre for 2<sup>nd</sup> November 2016 to ensure all staff are up to date on its practices.</p>	<p>Inspectors are satisfied that the implementation of the stated actions will address the issue.</p> <p>Inspectors are satisfied that the stated action will address the issue.</p> <p>Inspectors are satisfied with this response. Documentation structuring the use of restraint at the centre must recognise staff members who cannot participate in this practice.</p>
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<p><b>3.7</b></p>	<p>Centre management must ensure that the response of a social work department to notifications of a child welfare and protection nature is maintained on the care file in a manner that facilitates management oversight and evidences the outcome.</p>	<p>Since the inspection, email correspondence between the centre and the social work department has been filed in the respective young person's care file. Since the beginning of September 2016, the centre email address is C.c'd into any communication between the centre manager and social worker to evidence management oversight.</p>	<p>Inspectors are satisfied that the described improvement in filing communication with the social work department will address the issue.</p>
<p><b>3.10</b></p>	<p>Centre management must ensure that all fire safety checks including annual checks on all fire equipment are recorded appropriately.</p> <p>Centre management must have regular oversight of fire safety records to be satisfied that required fire safety measures are in place.</p>	<p>Upon fire safety checks being completed, the centre manager will oversee that the respective register is signed and the checks logged.</p> <p>The centre manager will ensure that fire safety records are checked and signed on a weekly basis. This will be put in place immediately.</p>	<p>Inspectors are satisfied that the managers action will address this issue.</p> <p>Inspectors are satisfied that the managers action will address this issue.</p>

## 5. Appendix I: Addendum to Report

The centre was subject to a full three day inspection on May 4<sup>th</sup>, 5<sup>th</sup> and 6<sup>th</sup> 2016. A further one day inspection on 3<sup>rd</sup> November 2016 took place in response to staffing issues at the centre. The findings of the latter inspection included that the full staffing complement was not met, various relief and agency staff had been required regularly to cover gaps in the staffing rota, there were deficits in core training and the level of experience did not facilitate the scheduling of a qualified staff member at child care leader level on each shift. It was the decision of the registration committee, following review of findings of both inspections, that the centre was not in compliance with the following as per the Childcare (Standards in Children's Residential Centres) Regulations, 1996;

### **Article 5: Care Practices and Operational Policies**

The registered proprietor and person in charge of a centre shall satisfy the relevant health board that appropriate and suitable care practices and operational policies are in place, having regard to the number of children residing in the centre and the nature of their needs.

### **Article 7: Staffing**

The registered proprietor and person in charge of a centre shall satisfy the relevant health board (HSE) that the number, qualifications, experience and availability of members of the staff of the centre are adequate having regard to the number of children residing in the centre and the nature of their needs.

The registration committee proposes to attach the following conditions to the centres registration under Part VIII, Article 61, (5)(b) (I)(II) of the Child Care Act 1991;

3. Appropriate and suitable governance structures are put in place to ensure that the care and operational practices are robust and are consistently implemented.
4. The staff teams are stabilised and the number, experience and qualifications of staff are adequate to number of children residing in the centre and the nature of their needs.

The centre will be registered from the **10<sup>th</sup> of May 2016 until the 10th of May 2019** with attached conditions and these conditions will be subject to further review by the Registration and Inspection Service in 2017.