



An Ghníomhaireacht um  
Leanaí agus an Teaghlach  
Child and Family Agency

## Registration and Inspection Service

### Children's Residential Centre

<b>Centre ID number:</b>	024
<b>Year:</b>	2015
<b>Lead inspector:</b>	Jacqueline Roche

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

## Registration and Inspection Report

<b>Inspection Year:</b>	<b>2015</b>
<b>Name of Organisation:</b>	<b>Cottage Home</b>
<b>Registered Capacity:</b>	<b>5 young people</b>
<b>Dates of Inspection:</b>	<b>October 20<sup>th</sup>, 29<sup>th</sup>, 30<sup>th</sup>, November 4<sup>th</sup>.</b>
<b>Registration Decision:</b>	<b>October 31<sup>st</sup> 2015 to October 31<sup>st</sup> 2018</b>
<b>Inspection Team:</b>	<b>Jacqueline Roche &amp; Gary O'Connell</b>
<b>Date Report Issued:</b>	<b>8<sup>th</sup> of February 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>35</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 & 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

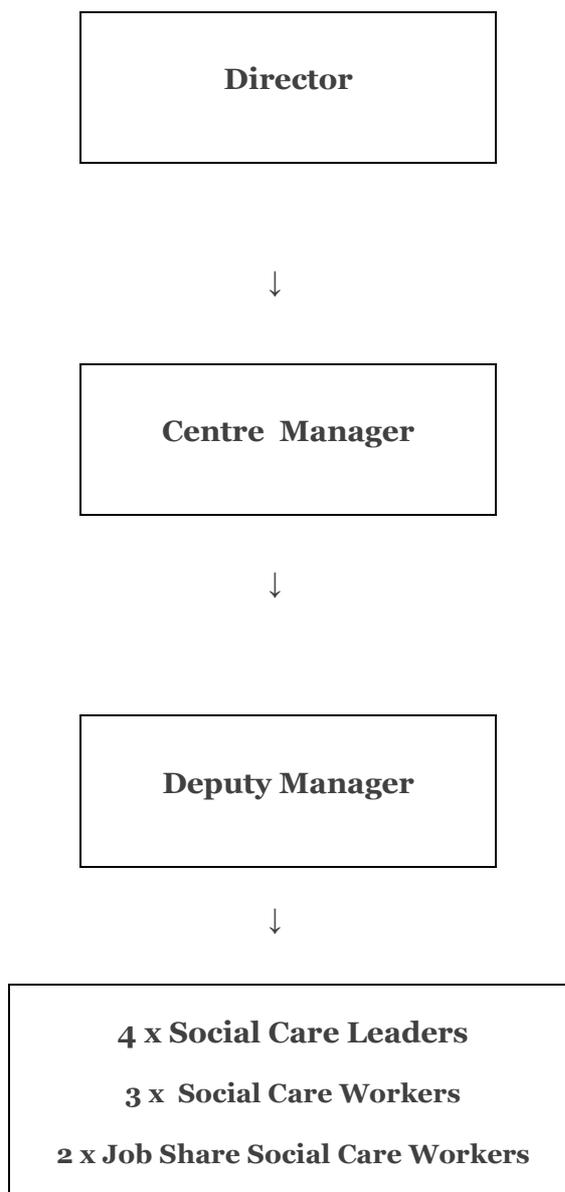
An application was duly made by the proprietors of this centre for continued registration on October 14<sup>th</sup> 2015. This announced inspection took place on October 20<sup>th</sup>, 29<sup>th</sup>, 30<sup>th</sup> and November 4<sup>th</sup> 2015. This report is based on a range of inspection 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 person/people residing in the centre
  - c) The Manager
  - d) The Acting Manager
  - e) The Director of Services
  - f) The Chairperson of the Board of Directors
  - g) The social worker(s) with responsibility for the young people residing in the centre.
  - h) Other professionals e.g. General Practitioner's and therapists.
  
- ◆ An inspection of the premises and grounds using an audit checklist devised by the Health and Safety and Fire and Safety officers of 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 fida 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) A parent of one of the young people
  - f) Social Workers for the young people
  
- ◆ 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 & Children's National Standards for Children's Residential Centres 2001.

The findings of this report and assessment of the submitted action plan on the 18<sup>th</sup> January 2016 if implemented will deem the centre to be operating in adherence to regulatory frameworks and the National Standards for Children's Residential Centres. As such it is the decision of the Child and Family Agency to register this centre ID Number 024 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 31<sup>st</sup> October 2015 to 31<sup>st</sup> October 2018.**

## 3. Analysis of Findings

### 3.1 Purpose and Function

#### **Standard**

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

#### **3.1.1 Practices that met the required standard in full**

The centre provides medium to long term care for up to five young people both boys and girls between the ages of thirteen and eighteen years. Referrals to the centre come from social work departments and they are processed by the Central Referrals Committee of Tusla the Child and Family Agency.

The inspectors found that the model of care is relationship based and the creation of a homely child centred environment underpins the care approach offered. Care and support is offered to young people in a proactive, creative and respectful way and the relationship with families is encouraged and facilitated.

The inspectors found that training, reflective practice, team development and supervision all contribute to an ethos of positive regard, encouragement and support which sees the young person at the centre of service delivery.

Service delivery is explained in the statement of purpose and function and this is reviewed on a bi- annual basis by the director. The management and care staff are invited to review and contribute to all policy documents. The centre welcome pack explains the purpose and function to families, young people, social workers and anybody who has a legitimate interest in the work of the centre.

Staff interviews evidenced knowledge of the statement and the Inspectors found evidence that the essence of the statement is reflected in practice.

#### **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 manager of the centre is appropriately qualified and has many years experience working with the organization. There was evidence that care staff have confidence in the manager's capacity to ensure that best practice and good outcomes for young people are prioritized. The manager's oversight of practice is evidenced by their attendance at daily handover meetings, weekly team meetings and their knowledge and understanding of the care needs of young people. They prepare reports, review centre documentation, interact with staff and young people and as a result assure the quality and effectiveness of the care offered to young people. The manager attends pre-admission meetings, statutory reviews and other multidisciplinary meetings and acts as an advocate on behalf of the young people. The manager is supported in this role by a deputy manager. There are four social care leaders. Two of these have designated responsibility to support the management structure of the centre.

There was evidence that the director of services provides external governance over care and operational practices in the centre. The director demonstrated an understanding of and a knowledge of the care needs of each young person. They receive a weekly report from the manager which provides a detailed account of operations in the centre. The director visits the centre on a regular basis, and while there, interacts with the staff and young people, reviews documentation and attends team meetings. When appropriate the director attends multidisciplinary meetings and advocates on behalf of the young people.

#### **Register**

The centre keeps a record of all young people who reside in the centre. The register states the date of discharge and the destination to which the young people were discharged to. A copy of the register is maintained by Tusla, The Child and Family Agency.

## **Notification of Significant Events**

The Child and Family Agency monitor and social work departments report that they receive prompt notification of all significant events that affect the young people who live in the centre. The inspectors reviewed significant event notifications maintained in young people's files and found that in general they were of a good standard. A number of the notifications contained a commentary from the manager and evidence that young people were offered support post significant events, however some did not. The inspectors recommend that the aforementioned is represented in each notification alongside an analysis of the circumstances that lead up to the significant event.

## **Staffing**

All of the staff team are appropriately qualified and the majority have worked in the centre since it was first registered seven years prior to the current inspection. Review of documentation, interviews and observation of care practices demonstrated to the inspectors that they have an ability to communicate effectively, empathise with and provide therapeutic care to the young people.

The inspectors found evidence of a capacity within the management team to risk assess care provision and to put suitable staffing arrangements in place in order to meet individualized care programmes. When specialised care is required the manager has approached the Child and Family Agency in order to seek approval for extra staff in order to safely meet the assessed needs of all young people residing in the centre.

The organization supports the possibility of family reunification and encourages the building and repair of relationships between young people and their families. The inspectors found that this is an aspect of the service that can be developed subject to the availability of a suitably trained staff team.

Permanent and relief staff members receive a formal induction and the service maintains a program for this purpose. Staff interviewed indicated that the induction process is effective.

## **Supervision and support**

External facilitation and training is used to support the provision a high standard of supervision to the staff. The manager supervises the permanent care staff and a child care leader supervises the relief staff. All of the staff team have attended supervision training.

The inspectors reviewed supervision records maintained in the centre. Young people's care arrangements are discussed during supervision and a record of these discussions is held in the staff members supervision file and a duplicate is maintained in young people's files. Continuous personal development, training requirements, team reflection is all key components of supervision.

Staff team meetings take place on a weekly basis and all staff members are expected to attend. An inspector attended a team meeting and found that these facilitate an opportunity for planning, review of safety and an opportunity to all of the care staff to contribute and update individualized plans for young people. The inspectors found from review of team meeting minutes and attendance at the team meeting that this is a forum that encourages open communication and discussion. Operational matters such as petty cash, staff rosters and house maintenance are discussed during the staff meeting.

Handover meetings take place every morning between incoming and outgoing care staff. The manager attends handover meetings and alongside staff team meetings facilitate consistency of care and good communication.

There was evidence that the organization provides support for staff when this is required. There had been no issues pertaining to employment law in the centre over the three years since the last inspection.

## **Training and development**

There was an ongoing development and training programme for the care and education of staff. A core group of staff and managers from the organization were part of the training planning process. Local specialist organizations were invited into the centre to provide information to the care staff. There was evidence that some training pertaining to substance misuse and adolescent mental health was provided by the service however further training was required in order to enhance service delivery. The inspectors recommend that this is incorporated into the training programme and that individual care staff are supported to attend specialist training when the presenting behaviours of young people require specialist management.

## **Administrative files**

The recording system in the centre is organised and maintained to facilitate effective management and accountability. There was evidence that the Manager monitors the quality of all unit records.

When young people are discharged from the centre their records are transferred to a data maintenance company employed by the organization. The director and the board of management have oversight of financial management systems maintained in the centre.

### **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**

None identified

#### **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**

#### **Monitoring**

Tusla the Child and Family Agency monitor receives written communication in relation to all significant events that take place in the centre. These are reviewed by the monitor on a regular basis. The manager reports that they can contact the monitor for advice and guidance if this is required.

There was no written report of the monitoring process available since the last inspection. The monitor had not met with the young people residing in the centre and there was no evidence that they ensured that care plans were prepared or that decisions taken were acted upon.

The Child and Family Agency must ensure that an authorized person monitors the centre on a regular basis to ensure compliance with regulations, standards and best practice. They must ensure that a written report of the monitoring process is available on an annual basis to senior managers, centre staff and inspectors.

#### **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.*

## **Required Action**

- The Child and Family Agency must ensure that an authorized person monitors the centre on a regular basis to ensure compliance with regulations, standards and best practice. They must ensure that a written report of the Monitoring process is available on an annual basis to senior managers, centre staff and inspectors.

### 3.4 Children's Rights

#### **Standard**

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

rights

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

##### **Complaints**

Young people who met with the inspectors stated that they are able to express concerns or complain about their care. The complaints process is explained in the centre policy and procedure document and in Welcome Packs offered to young people and their families when they come to live in the centre.

There was a clear system in place to record complaints which outlines the procedure to be followed when a complaint is made and the procedure for the conveyance of outcomes of investigations to complainants. There was evidence that the system was being followed. Each young person's care file contains a personalized complaint log that evidences compliance with the policy.

The inspectors found that the director of services is formally notified of all complaints made in the centre and has had involvement in the process if this is required.

Staff interviewed by the inspectors evidenced an understanding of the procedure.

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

The centre has a policy in relation to young people's right to access information.

Young people are offered support and guidance from centre staff if they wish to view information contained in their care files. Young people are aware of their rights and they are informed verbally in relation to this, and in writing in their Welcome Packs.

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

#### **Consultation**

The inspectors met with a number of the young people and they reported that their views are taken into consideration when decisions are being made that effect their daily life and future. Observation of day to day care and the care planning process evidenced that this was the case. Young people contribute to their care plans and are invited to attend statutory reviews.

Some records evidenced consultation however there was no consistent evidence that young people contributed to their individualized plans. Records of young people's meetings did not evidence consistent consultation and feedback from the young people. The inspectors acknowledge that the ethos of the centre is to maintain a homely environment and that the process of eliciting and recording the views of young people may impede this however there must be evidence that the views of young people are sought and valued. This must be addressed by the centre management.

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

None identified.

### **3.4.4 Regulation Based Requirements**

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

#### **Required Action**

- The centre management must evidence that young people's views are consistently sought and valued.

### 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**

All of the young people residing in the centre at the time of the inspection were suitably placed. Referrals to the centre come from social workers via the Central Referrals Committee of Tusla, The Child and Family Agency. Referrals are received by the centre manager who processes the application based on the care needs of young people residing in the centre. The management team determines the centre's capacity to meet the needs of the young person and careful consideration is given to the effects of young people on each other. If the referral is considered appropriate it is brought to the staff team meeting for further discussion and consideration. Following on from this, social workers are invited to meet with the manager and the key worker in order to further explore the suitability of the referral.

Young people's transition into the centre was planned and they and their families were invited to visit, meet with the staff and other young people and stay for a number of overnights prior to admission. During the transition process young people were given the opportunity to consider the purpose of their placement and to identify goals for their future. The key worker in consultation with the manager has a pivotal role in the admission process. Their responsibility involves the implementation of the placement plan based on key goals set out in the young person's care plan.

Referring social workers provide adequate information about young people in advance of their placement. Social workers interviewed by the inspectors stated that the placement met the needs of the young people.

##### **Contact with families**

There was evidence that families are welcome to visit the centre and care staff facilitate family contact subject to individualized access plans. In congruence with the homely atmosphere promoted in the centre young people are encouraged to visit

friends and they in turn, are invited to visit the centre and spend time in the common areas of the house. In the interest of safety the manager requires social work departments to assess suitability of contact with friends and family. Friends and families are invited on occasion to share mealtimes in the centre and to celebrate special occasions with young people residing in the centre.

Parents are kept informed about events in their child's lives. Arrangements are made for young people to have contact with siblings and they are encouraged to visit the centre.

The inspectors saw that the centre staff advocate on behalf of young people to ensure that they are offered the opportunity to experience a family relationship if assessment indicates that this is in their best interest. Social work departments support this process while giving consideration to the best interests of young people.

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

All of the young people residing in the centre at the time of the inspection were visited on a regular basis by their social workers. There was evidence that social workers read records pertaining to young people from time to time.

### **Social Work Role**

#### ***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

There was evidence that in general social workers ensure that their professional and statutory responsibilities to young people are established. The social workers for all of the young people had supplied sufficient background information, reviewed care plans, incorporate young people and family views, are aware of significant events and ensure that young people are safe and well cared for in the centre.

On occasion social workers do not prepare statutory care plans for young people and this must be addressed by the Child and Family Agency.

## **Emotional and specialist support**

Care staff are aware of the emotional and psychological needs of young people and this is supported by continuous training modules that are provided by the organisation. The model of care incorporates components from programmes that encourage an empathetic, positive, non judgmental, nurturing and supportive relationship with young people.

The staff ensure that external specialist support is provided for young people. Assessments, treatment and counselling services are made available subject to individual needs.

There was evidence that professionals involved with the young people co-ordinate their work and recommendations made are incorporated into care and placement plans. The centre has established positive working relationships with specialist treatment services in the community. Social workers report notable improvements in young people's lives during the time they live in the centre and acknowledge the capacity of care staff to build positive relationships, provide guidance and nurturing care in a homely environment.

## **Preparation for leaving care**

Young people are prepared for leaving the centre and there was evidence that independence skills were incorporated into care planning from early on in placement. The centre has an annex which is used by staff to develop young people's independence living skills. The centre is supported in this process by specialist aftercare services that are based in proximity to the centre. There was evidence that these specialist services provide effective and consistent support to young people. Young people who met with the inspectors stated that they felt supported by their allocated aftercare workers.

## **Discharges**

Over the two years prior to the inspection there were three young people discharged from the centre in an unplanned manner. The inspectors reviewed discharge reports and found that these were comprehensive documents. There was evidence that young people were discharged following assessment that care staff could not safely meet their needs. Consultation with social workers takes place prior to discharge and efforts are made to support young people during the process. There is a policy in relation to discharging young people and the inspectors found that this was adhered

to. Memorabilia pertaining to young people's lives while they lived in the centre were offered to young people when they leave the centre.

## **Aftercare**

Social work departments worked in accordance with the Tusla, *National Policy and Procedure Document for Aftercare Provision 2011*. Young people were assigned an aftercare worker who offered them support and guidance in relation to aftercare provision. All of the young people over sixteen years of age had an aftercare plan in place.

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

Each young person had a secure record of their history and progress in the centre that contained relevant documentation. Records were clearly expressed and well maintained. Copies of birth certificates, photographs and care orders were held in care files.

When young people leave the centre their records are maintained by a storage company employed by the organization and kept in perpetuity.

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

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

One young people's placement was not supported by a statutory care plan. In accordance with *Child Care (Placement of Children in Residential Care) Regulations, 1995, Part IV, Article 23* this must be addressed by the referring social work department. Referring social work departments must ensure that statutory care plans representing educational, social, emotional, and behavioural and health requirements are in place before or within seven working days of a young person being placed in a residential centre. The care plan must identify the objectives agreed between centre management and social work departments and provide clarity in relation to how the placement will support and promote the welfare of each young person

Three of the young people's placements were supported by effective statutory care plans. The inspectors reviewed these individualised plans and found that young people's educational, social, emotional, behavioural and health requirements were

considered. These care plans identified how the placement would support and promote the welfare of the young person. Based on objectives agreed between social work departments and centre management the keyworker's prepare placement plans for young people. These placement plans incorporate the views and opinions of young people and determine placement goals.

Young people's care plans were regularly reviewed and updated in accordance with *Child Care (Placement of Children in Residential Care) Regulations 1995, Part V, Articles 25 and 26*. Well prepared reports documenting young people's progress are presented by the centre staff. Young people and their families are supported and encouraged to attend and contribute to their statutory review meetings.

### **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 not met the regulatory requirements in accordance with the *Child Care (Placement of Children in Residential Care) Regulations 1995*

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

The Child and Family Agency has met the regulatory requirements in accordance with the *Child Care (Placement of Children in Residential Care) Regulations 1995*

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

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

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

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

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

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

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

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

## **Required Action**

- Referring social work departments must ensure that statutory care plans representing educational, social, emotional, and behavioural and health requirements are in place before or within seven working days of a young person being placed in a residential centre.

### 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**

Young people who reside in the centre are cared for in a way that takes account of their wishes, preferences and individuality. There was evidence that the individual needs of young people guide the care approach, young people are listened to and there is an emphasis on encouragement and support.

The organisation has a comprehensive key work policy which states that the dominant role of the key worker is to facilitate the implementation, monitoring and review of the young person's placement plan based on the goals set out in their care plan. Young people are allocated a key worker and a support key worker during the pre-admission period. All of the care staff share a responsibility to meet the young person's needs (team focus) and the key-worker in consultation with the manager co-ordinates this process. The inspectors acknowledge the strengths of the key-working system in the centre however recommend that young people are allocated a person whose designated role is to spend time with them and to facilitate the development of their emotional needs particularly during the period when the young person is developing an identity in the centre.

Young people are supported to make choices about their clothing and each young person has an adequate clothing allowance. Young people were given the opportunity to participate in activities of interest and a range of leisure activities were available to them. Certificates of achievement and photographs were on display in the centre and memorabilia was maintained for young people.

Festive occasions, birthdays and other celebrations were acknowledged in the centre and young people's families and friends were invited to celebrate these with them.

There was evidence that young people are given the opportunity to develop skills that prepare them for adulthood

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

There is a wide range of food available to young people who live in the centre. They are invited to go shopping with care staff, choose their preferred food types and to participate in the preparation of meals. Young people are encouraged to develop healthy eating habits and to make good choices when shopping for food.

Staff and young people share meals in a pleasant environment around a table in the centre kitchen. Interaction is encouraged during these times and mealtimes are seen as positive social events. There is openness to the inclusion of friends and family in mealtimes when young people request this.

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

There was evidence of an ethos where the different cultures, religions and sexual orientations of young people are treated with respect. This is understood and respected by the staff team. The importance of the source of young people's heritage and identity is recognized and there was evidence that care staff research information for young people and encourage them to gain insight into their individualized backgrounds.

Young people with special needs are integrated into the centre environment and other young people are encouraged to understand and have a positive approach to them. Young people were facilitated in the practice of their religion if they choose this.

### **Managing behaviour**

The centre's policy on managing behaviour is underpinned by an acknowledgment of young people's life experiences before they came to live in the centre. The challenge of managing behaviour is recognized and managed by a series of interventions.

Positive care practice where the positive aspects of young people's behaviour is promoted. In accordance with individualized care plans, placement plans, individual crisis management plans and behaviour management plans consequences were used to encourage young people to think about negative behaviour and to explore more

positive approaches to anger management. The inspectors reviewed a sample of behaviour management plans and found that they demonstrate a considered and empathetic approach where the reasons why a young person might become upset are considered and interventions that evidence engagement with the young person, the promotion of security and a genuinely caring approach are used. Social workers report that this approach helps young people to establish a stability that helps them manage their own behaviour. The training offered to staff by the organisation is well evidenced in the centres approach to behaviour management.

Each young person has a well documented consequence log which evidenced that natural consequences are the preferred behavioural management technique utilized in the centre. In interview the young people stated that they understood the behaviour expected of them and the consequences for unacceptable conduct. There is a policy on bullying that promotes a positive and safe environment.

### **Restraint**

Staff are trained to physically restrain and in an emergency are equipped to use this method for safety purposes. Therapeutic Crisis Intervention techniques are utilized to promote a safe and secure environment in the centre. All of the young people residing in the centre had individual crisis management plans on file. There were no episodes of physical restraint in the centre during the two years prior to the inspection.

The policy acknowledges factors that restrict use of restraint such as suitability of the house and staff quotas on shift.

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

#### **Absence without authority**

There were a high number of absences without authority during the year prior to the inspection. The inspectors found evidence that the social work department and centre management assessed the circumstances that lead to these absences and put effective safety plans in place to promote the best interests of the young people.

The centre has a written policy and procedure for staff to follow when a young person is absent without authority which is based on *Children missing from Care/A Joint Protocol between An Garda Síochana and the Health Service Executive 2012*. Each young person has an individualized absence management plan. The inspectors reviewed a number of absence management plans and recommend that details like

locations frequented and associates of young people are listed on these documents. Social work departments must take the age and vulnerability of young people into consideration when allocating curfew times. Young people regularly made their own way home to the centre late at night. The inspectors recommend that transport back to the centre is provided to young people if they are visiting friends or family taking age and vulnerability into consideration.

One young person did not have a care plan in place and this impeded the centre's capacity to prepare an effective absence management plan. In order to promote the safety of young people residing at the centre the social work department must ensure that all documentation is prepared following consultation with centre management.

Social work departments, the director, the monitor and the Child and Family Agency are notified when young people are absent without authority from the centre.

### **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**

- Social work departments must ensure that each young person has a care plan in place which gives due regard to the safety of young people when they are absent from the centre and to support the centre's capacity to prepare effective absence management plans.

### 3.7 Safeguarding and Child Protection

#### **Standard**

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

#### **3.7.1 Practices that met the required standard in full**

##### **Safeguarding**

The centre has a policy on safeguarding young people. Effective management, safe care practices, vetting, children's rights and social work involvement all contributed to a safe environment in the centre

Effective consideration was given to safeguarding when recruiting, vetting, inducting and supervising staff. Young people told the inspectors that they could bring concerns to the attention of staff and management, advocacy groups met with them, and that they would bring concerns to the attention of social workers if the need arose.

Staff interviewed by the inspectors demonstrated an understanding of the safeguarding policy. All of the young people had personal mobile phones and could use the centre telephone if they choose to do so.

Staff discuss and reflect on care approaches and understand the process where concerns can be raised if there is a need to do so.

## 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.

The centre has an effective policy and procedure for staff to follow when there are any concerns in relation to a young person's safety or welfare. This policy incorporates the key concepts of *Children's First, The National Guidelines for the Reporting of Child Protection and Welfare concerns*. The board of management has overall responsibility for child protection and this is designated to the director. The manager is the child protection officer in the centre and staff are aware of their responsibility to report concerns if they arise.

Care staff have attended child protection training and they are aware of the policy.

All child protection concerns are reported to social work departments and the monitor. Parents are notified when there are concerns in relation to young people's safety and welfare subject to the social work assessment.

### **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**

There was evidence that education is valued and that each young person is encouraged and assisted to reach his or her potential. All of the young people residing in the centre at the time of the inspection had an identified training facility or school. The centre staff maintained regular contact with the schools and interest in young people's education was evidenced by attendance at relevant meetings and the provision of supports for homework and study.

Social work departments, schools and centre staff have worked together to source educational assessments when necessary and the findings and recommendations of these were integrated into the educational plan for young people.

When young people experienced difficulty in school care staff were available to explore the difficulty with them and to help source alternative educational placements if this was necessary.

#### **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**

Young people had medical assessments on admission to care unless their social worker and the manager were satisfied that this was unnecessary. Young people receive ongoing medical, ophthalmic and dental care when required.

Management and social work departments reported delay in accessing mental health services for young people when a need for this presented. The inspectors saw that staff and social work departments contacted local child and adolescent mental health services on behalf of young people and efforts were made to secure specialist psychiatric support, however the inspectors saw that the absence of accessible robust community based mental health support was a challenge for the centre.

All young people have access to a general practitioner and some of the young people remained registered with their family general practitioner. All of the young people had a medical card. Staff demonstrated an understanding of the requirements to consult with parents and young people regarding medical care and treatment plans.

There were clear records of all medication prescribed for and administered to young people who resided in the centre.

The centre manager consults with social workers and parents regarding medical care and made efforts to collate young people's medical records from birth.

Guidance is offered to young people in relation to the risks associated with the use of illegal substances, the positive attributes of a healthy lifestyle and education in relation to sexual development. Young people are discouraged from smoking and educated on the risks associated with this habit.

#### **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 in full**

##### **Accommodation**

The centre is located on the outskirts of a large town. The centre is decorated to a standard that creates a pleasant ambiance. The centre was warm and welcoming with adequate lighting, heating and ventilation as well as having a pleasant domestic style kitchen and laundry facilities. There is an annex to the rear of the building which is used to support the development of independent living skills. Communal living areas were well furnished, homely and clean.

Young people have their own bedroom which they can decorate to their own taste. There are facilities for them to maintain their personal belongings safely.

Records of insurance were made available to inspectors and evidenced that the centre is adequately insured.

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

The centre maintains a record of all repairs required and a record of dates when these were addressed. Entries in the Maintenance log evidenced that repairs are dealt with promptly and effectively. Staff and management monitor the premises and ensure that the structural and decorative order of the premises is maintained. There is a health and safety officer and health and safety checks take place regularly.

##### **Safety**

The centre has a health and safety statement in the policy and procedures of the agency. The centre has an assigned health and safety officer. The inspectors found from the files that regular and routine health and safety audits occur in accordance with health and safety regulation. There are systems in place to record health and safety hazards and to track how these have been addressed.

All of the care staff are trained in first aid techniques. Medicines and hazardous substances are securely stored. A record of all medicines administered to young people is maintained. The centre car which is used to transport young people is road worthy and insured.

## **Fire Safety**

The centre has a written policy in relation to fire safety. The inspectors saw confirmation that the building is in compliance with the relevant fire and building regulations. The Inspectors observed that fire safety systems were in place in the centre such as fire blankets, fire extinguishers and fire alarm. The alarm system maintenance certificate is on file. The inspectors noted there was adequate fire signage and detectors throughout the centre. There was evidence that care staff had completed fire safety training. Fire alarms are tested weekly, monthly inspection of equipment occurs and fire drills take place regularly. New members of staff were inducted into drill procedure. There is a fire book which is updated nightly to state who is in the house and which room. There was evidence that fire drills are completed both announced and unannounced and young people are involved in the process.

### **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 & Safety)*

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

## 4. Action Plan

Standard	Issues Requiring Action	Response	Inspectors Commentary
3.3	The Child and Family Agency must ensure that an authorized person monitors the centre on a regular basis to ensure compliance with regulations, standards and best practice. They must ensure that a written report of the Monitoring process is available on an annual basis to senior managers, centre staff and inspectors.	The Child and Family Agency will schedule a monitoring visit to the centre and prepare a written report following the issue of the final report.	The inspectors are satisfied with this response.
3.4	The centre management must evidence that young people's views are consistently sought and valued.	Centre staff will evidence that the views of the young people are sought.	The inspectors are satisfied with this response.

<p><b>3.5</b></p>	<p>Referring social work departments must ensure that statutory care plans representing educational, social, emotional and behavioural and health requirements are in place before or within seven working days of a young person being placed in a residential centre</p>	<p>The centre will continue to ensure that a Care Plan is sought before a child is admitted. The social work department provided a care plan for the young person who did not have one at the time of inspection.</p>	<p>The inspectors are satisfied with this response</p>
<p><b>3.6</b></p>	<p>Social work departments must ensure that each young person has a care plan in place which gives due regard to the safety of young people when they are absent from the centre and to support the centre's capacity to prepare effective absence management plans</p>	<p>The centre will request that the Care plan gives due regard to the safety of the young people when they are absent. The social work department met with the centre management in order to address the safety of the young person and to support the preparation of effective absence management plans.</p>	<p>The inspectors are satisfied with this response</p>