



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Registration and Inspection Service

Children's Residential Centre

Centre ID number:	040
Year:	2016
Lead inspector:	Lorna Wogan

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Registration and Inspection Report

Inspection Year:	2016
Name of Organisation:	Gateway Organisation Ltd
Registered Capacity:	Two young people
Dates of Inspection:	23rd and 24th February 2016
Registration Decision:	Registered from the 13th January 2016 to 13th January 2019
Inspection Team:	Lorna Wogan Lorraine O'Brien
Date Report Issued:	29th of June 2016

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1. Foreword

The National Registration and Inspection Office of the Child and Family Agency is a component of the Quality Assurance Directorate. The inspectorate was originally established in 1998 under the former Health Boards was created under legislation purveyed by the 1991 Child Care Act, to fulfill 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 is expected to complete a written implementation timetable and details of their proposed actions in response to the findings of this report. This action plan is expected to address any short fall in the centres compliance with regulation or standards and will be used to inform the registration decision.

1.2 Methodology

An application was duly made by the proprietor of this centre for continued registration on 7th November 2015. The registration inspection under the Child Care Act 1991 Section 69 (4) (a) and (b) incorporated the findings of an unannounced inspection undertaken on 16th and 17th November 2015 and an announced full inspection over two days on 23rd and 24th February 2016.

This report is based on a range of inspection techniques including:

- ◆ An examination of the centre's application for registration.
- ◆ An examination of pre-inspection questionnaire and related documentation completed by the manager.
- ◆ An examination of the questionnaires completed by:
 - a) Eleven of the care staff
 - b) One young person residing in the centre
 - c) The social workers with responsibility for young people residing in the centre.
 - d) The chairperson of the organizations advisory committee
 - e) The director of service
 - f) The service forensic educational psychologist
 - g) The service programme coordinator
 - h) Other professionals e.g. general practitioners and school principals
 - i) Two staff members who previously worked in the centre
- ◆ 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 HSE on our behalf.
- ◆ An examination of the centre's files and recording process.

- ◆ Interviews with relevant persons that were deemed by the inspection team as to having a bona fide interest in the operation of the centre including but not exclusively
 - a) Interview with the centre manager
 - b) Interview with the company director
 - c) Interview with the director of services
 - d) Interviews with social workers supervising the placements of young people
 - e) Interview with service programme coordinator
 - f) Interview with four social care staff
 - g) Interview with parents of a young person in placement
 - h) Interviews with the young people in placement

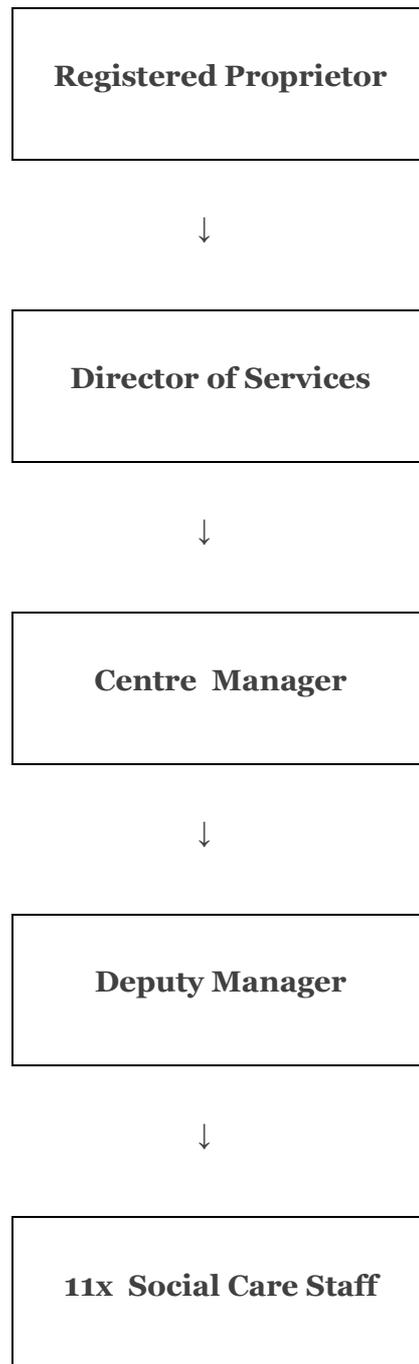
- ◆ Observations of care practices routines and the staff/young person's interactions

- ◆ 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 on the 26th May 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 grant continued registration to this centre, ID number 040, pursuant to Part VIII, Section's 61 (6) (A) (i) of the 1991 Child Care Act. **The period of registration granted is from 13th January 2016 to 13th January 2019.**

3. Analysis of Findings

3.1 Purpose and Function

Standard

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

3.1.1 Practices that met the required standard in full

The centre had a written statement that defined the purpose and function of the centre, specified the population it catered for and the service it aimed to provide. This document was reviewed in January 2016 by the centre manager in conjunction with the director of services. The centre provided medium term care for up to two young people aged between 9 and 14 years. The centre aimed to help young people recover from adverse life experiences and the work with young people is based on a team approach to assessment and provision of care. Their approach to working with young people is informed by attachment theory and resilience theory. The attachment based approach is supported and guided by an external specialist in the area of attachment. The staff team aimed to increase protective factors and promote resilience by providing a safe environment, access to positive role models, opportunities to learn and develop skills and to build a sense of attachment/belonging. The centre offered an evidence-based approach to 'What Works' in residential care and the assessment identified both protective and risk factors. The team approach was also trauma informed and staff had received training to understand the impact of trauma on child development.

A Recovery Plan for the young people informed how the team collectively and individually responded to how each young person expressed their needs over the twenty-four hour day. This process underpinned the aim of placement stabilisation in the short and medium-term and was regularly reviewed at the team meetings and the key-work meetings.

The inspectors found evidence to support that the defined approaches were reflected in the day to day work of the centre. Staff interviewed evidenced knowledge of the statement of purpose and function and the inspectors found evidence that this statement was reflected in practice.

The written statement listed key policies in place and these policies were located within the centre's policy and procedure documents. The centre had developed an information leaflet which contained information about the centre for parents and young people. The centre had a child friendly information booklet that was made available to young people on admission and explained to the young people in the context of key-work.

3.1.1 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

Register

The centre maintained a register of all admissions and discharges to and from the centre. The inspectors were satisfied that the register complied with the Child Care (Placement of Children in Residential Care) Regulations, 1995, Part IV, Article 21. The admission details of the young people were properly recorded and there were no discharges from the centre. The admission and discharge details for each resident were notified to Tusla Child and Family Agency and maintained on a central register in the local area manager's office.

Training and development

Inspectors found that the organisation provided a robust training programme to ensure the on-going development of staff. The director of services had a planned staff training schedule for the first six months of the year. The staff team had been provided with TCI training, first aid training, fire safety training and Children First training. Attachment training was provided by an external consultant who met the team regularly.

A number of team members had completed Response Ability Pathways (RAPs) and the 'Circle of Courage' training in January and February 2015 and the current staff team was scheduled to undertake either foundation or refresher RAP training in April, May and June 2016. The director of services had secured certified e-training for the centre manager and medication administration training for all staff members. A number of the team had undertaken ASIST training and Understanding Self Harm provided by the HSE.

The centre manager had undertaken an audit of staff training requirements to include refresher training requirements within the team. Dates had been identified to undertake the training for relevant staff members in all the core training modules

within the organisation. The proprietor informed inspectors that the organisation had an annual budget for staff training and development.

3.2.2 Practices that met the required standard in some respect only

Management

The external management structure had been further strengthened and a director of services was appointed in October 2015 to provide external management and oversight of this centre and four other residential centres operated by the provider. The director of services was suitably qualified and experienced to undertake this role within the organisation.

At the time of the inspection the management structure of the centre had consisted of the registered proprietor, the director of services, the centre manager, deputy manager and eleven social care staff. The person appointed to the deputy manager post was on planned extended leave and an acting deputy manager had been appointed in the interim period.

At the time of the inspection the centre manager had worked within the organisation for over three years and had managed this centre for the past fourteen months. The centre manager had many years of experience in residential care work and in the management of residential services. While the centre manager had a third level qualification inspectors found this qualification was not social care specific or equivalent. The service director must ensure that the centre manager secures a relevant social care qualification.

Staff interviewed stated that the centre manager was based at the centre each day and was accessible to them. Staff were familiar with the management structure operating in the centre and the staff understood the lines of responsibility between the registered proprietor, the director of services, the centre manager and the staff team. While the post of deputy manager was recently established inspectors found that the role was not yet clearly defined within the centre. The director of services should ensure that the role of the deputy manager is fully utilized within the centre.

There was evidence that the director of services had visited the centre on a number of occasions since his appointment and had written to all staff members to offer them an opportunity to share their views on the service provided to young people and the future needs of staff as the service develops. The centre manager confirmed that he had regular contact with the director of services since his appointment and received

good support and direction. Formal supervision of the centre manager by the director of services had been undertaken every four to six weeks and the supervision records were examined by the inspectors. Supervision of the centre manager was previously undertaken by the organisations external consultant however there were some lapses in the planned schedule of supervision. The director of services informed the inspectors that monthly management meetings had commenced in January 2016 to further enhance the management role and function within the centre and across the service. Inspectors found evidence that the registered proprietor visited the centre periodically as did the director of services.

The inspectors were satisfied that the newly developed management structures and the planned developments to support managers in the service would further strengthen the internal governance and management of the centre.

Notification of Significant Events

There was written guidance displayed in the staff office in relation to the type of events that should be notified in writing to the social worker and other relevant parties. Inspectors found there were good systems in place for cross-referencing significant events through the daily logs, the significant events register and the individual care files. The social workers and the monitoring officer were satisfied that all significant events were reported in a prompt manner.

Inspectors found there was a good standard of record keeping and report writing in relation to all significant events. There was evidence that the centre manager reviewed all significant events. There was evidence that staff reviewed significant events in supervision, at team meetings and handovers and they reflected on these events in terms of the practice and responses to the young people.

The inspectors advised that the service director develop a system for undertaking a more formalised management review of all significant event reports generated from the centre to track patterns and trends and ensure that risks identified in such reports are appropriately addressed. In response the registered proprietor informed the inspectors that they were developing an electronic database to store information on all significant events reports across the organisation.

Significant event reports from the centre are generated electronically and a hard copy was stored on the individual care files however the inspectors noted that the staff members who completed the report and the centre manager had not signed the file

copy of the report. The inspectors require the file copy of all significant event reports to be signed by the authors of the report and by the centre manager.

Staffing

The centre was adequately staffed given its purpose and function and capacity. There was eleven social care staff employed to work in the centre with four of these staff working part-time as they were undertaking post graduate training. Additional care staff were recruited over the past 12 months to provide cover for the staff who were completing post graduate training. Inspectors were of the view that the centre had reached its capacity in terms of facilitating any additional staff to complete further studies at this time.

There were two members of the team who had not yet completed the required level 7 qualification in social care and one member of the team who had no qualification in the area of social care practice. All other social care staff had the required qualification or relevant equivalent qualification. The centre must have a plan in place to ensure all staff are supported to obtain the required qualification or relevant equivalent qualification.

The inspectors examined the personnel files and were satisfied that all the required references and Garda vetting was on file for all staff members. There was evidence that verbal checks had been undertaken on references across all the personnel files inspected.

There had been a number of changes in the staff team since that last inspection however the inspectors were satisfied that a core team had stabilized and strengthened over the previous nine months and there was evidence that the team were cohesive and consistent in their approach to working with the young people. Inspectors found there was a high level of commitment to the young people and found that child-centered approaches underpinned the practice at the centre.

The centre manager had completed exit interviews with staff members who left the service and was satisfied that the individual reasons for leaving were not influenced by any issues in the centre. Exit questionnaires completed by staff members who had left the service supported the centre manager's findings.

At the time of the inspection, the centre operated a shift pattern whereby two staff members worked a twenty-four hour; sleep-over shift and a third staff member worked a day shift.

The staff interviewed demonstrated a clear understanding of the centre's model of care and incorporated it into their daily work with the young people in placement. This was evident in their responses to the young people and in key-work and individual work undertaken with the young people. An external consultant provided on-going support, guidance and direction to the team in relation to their individual responses to the young people and their approach to caring for the young people.

New staff members participated in a formal induction programme prior to commencing work at the centre. The staff induction programme included information and training on the centre's purpose and function and on policies and procedures that inform practice. New staff were generally rostered on a supernumerary basis whereby they 'shadowed' the permanent staff prior to commencing work at the centre. The monthly staff roster was displayed in the office.

Supervision and support

The centre had a written policy on supervision. Supervision files were examined and there was evidence that a number of staff did not receive formal supervision every four to six weeks as outlined in the service policy. Inspectors found that there was a supervision schedule in place and this was displayed in the staff office. The supervision records evidenced that staff practice, professional development and individual work with the young people was reviewed however the supervision records should also evidence a link between the goals identified in the placement plan and outcomes for young people. Staff interviewed confirmed they received feedback on their practice from the centre manager within the context of formal supervision.

The centre manager had completed supervision training in 2010. While inspectors noted improvements in the frequency and quality of staff supervision in recent months further training for the centre manager in this area of practice would be beneficial. The director of services informed inspectors of service plans to secure further training for centre managers in the provision of staff supervision. The inspectors also require that newly appointed staff and unqualified staff are provided with additional supervision, support and mentoring by a qualified social care practitioner until they obtain the required qualification.

There was evidence that the director of services had recently commenced a process of reviewing staff supervision records.

On-call support was delivered to the staff team on a rotational basis outside of office hours by the centre manager and other managers within the organisation. In September 2015 the organisation's human resource consultant provided the staff team with information on the service policy on managing stress in the work environment. Staff interviewed told inspectors that there were sufficient supports in place to support them in their work. The centre manager provided opportunities to staff to debrief following a significant event with a young person.

Staff team meetings were held every four weeks and all staff had an opportunity to contribute to the agenda. Complaints and child protection concerns were a standing item on the agenda at each team meeting. The team meetings were well attended and staff interviewed found them to be an effective forum in achieving a consistent approach to working with the young people and an opportunity to share information and make decisions. There was evidence that placement plans and recovery plans were reviewed and updated if required following the team meeting. One of the inspectors attended the staff handover which was attended by the staff going off duty and the staff coming on duty. The inspectors were provided with written evidence that handover meetings took place every day and were well structured and focused.

The team was facilitated by the organisation to participate in a team building day in June 2015. Staff interviewed stated that the team were consistent and cohesive in terms of practice and communication was good within the team. Staff stated that the team were reflective in their practice and had the ability to challenge practice if required. Inspectors found evidence to support this view.

Administrative files

Overall the administrative files and records detailing the performance and operation of the centre were accessible, clearly written and legible. There was evidence of good communication between staff through the administrative records. There were a number of mechanisms in place to assess and monitor quality of care and outcomes for the young people. Inspectors require the centre manager to provide greater evidence of oversight of the administrative records by recording any comments or observations pertaining to the documents. There was evidence that the director of services had monitored the centre logs and registers.

The centre manager had responsibility for the centre's day-to-day expenditure. The centre manager stated that financial resources were provided for whatever was required to meet the young people's needs. Records of the centre's internal financial

management systems were maintained by the centre and audited by the organisations accountant.

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 not met in full 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 7, Staffing (Numbers, Experience and Qualifications)

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

-Part III, Article 6, Paragraph 2, Change of Person in Charge

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

Required Action

- The director of services must ensure that the centre manager secures a relevant social care qualification.
- The director of services must have a plan in place to ensure all staff are supported to obtain the required qualification or relevant equivalent qualification.
- The director of services must ensure that the role of the deputy manager is further developed within the centre.
- The inspectors require the file copy of all significant event reports to be signed by the authors of the report and by the centre manager.
- The service director must develop a system for undertaking a more formalised management review of all significant event reports generated from the centre to track patterns and trends and ensure that risks identified in such reports are appropriately addressed.
- The staff supervision records must evidence a link between the goals identified in the placement plan and outcomes for young people.

- The centre manager must provide greater evidence of oversight of the administrative records by recording any comments or observations pertaining to the documents.
- Newly appointed staff and staff members who are not qualified in social care practice must be provided with additional supervision, support and mentoring by a qualified social care practitioner within the team.

3.3 Monitoring

Standard

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

3.3.1 Practices that met the required standard in full

The support inspector assessed this standard as the lead inspector also undertook the monitoring function under the Child Care (Placement of Children in Residential Care) Regulations, 1995. The centre manager was aware of the dual role undertaken by the local inspector/monitoring officer and was able to distinguish the difference between the two roles. The monitoring officer had undertaken eleven monitoring visits to the centre in the previous 12 months. Two unannounced visit were undertaken during this period. The most recent monitoring report was completed on 19th October 2015. The monitoring officer was satisfied that all eighteen recommendations arising from this report were addressed. There was evidence that recommendations highlighted in the monitoring reports were acted upon and thus contributed to ensuring the centre’s compliance with regulations, standards and best practice.

Dates for monitoring visits to the centre were set out in the monitoring officer’s work plan and notified to the centre. Monitoring visits were undertaken every six weeks approximately. The monitoring officer met with the staff and the young people on visits and read the records held at the centre. The monitoring officer had regular telephone contact with the placing social workers.

The monitoring officer was satisfied that she received prompt notification of all significant events. There was evidence that the monitoring officer responded to notifications and sought clarification in relation to matters arising from such notifications. There was evidence that the monitoring officer read records of

sanctions, physical restraint, complaints and unauthorised absences and discussed issues arising from these records with the centre manager and the director of services.

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

3.4 Children's Rights

Standard

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

3.4.1 Practices that met the required standard in full

Consultation

The inspectors found that the views of the young people were sought through many forums. House meetings were undertaken on a weekly basis and the records evidenced that the young people were given opportunities to make decisions on a wide range of issues that affect their daily lives in the centre. The records evidenced that both young people were actively engaged in the house meetings and had signed the records of the meetings. Key-work records evidenced that the views of young people were also considered in key-work sessions.

Both young people had an appointed Guardian *ad litem* who visited them at the centre on a bi-monthly basis and reviewed their respective care records.

There was evidence that social workers consulted with both young people prior to their child in care reviews and the centre manager was planning to support one of the young people to attend part of his next scheduled statutory review meeting. One young person had attended part of his statutory review meeting.

3.4.2 Practices that met the required standard in some respect only

Complaints

There were no complaints recorded on the register and the young people informed the inspectors that they had no complaints about their care. There was evidence that key-workers had explained the complaints process to the young people and there were complaint forms available to the young people in the event they wished to make a complaint. The centre manager informed the inspectors that minor expressions of dissatisfaction would generally be recorded in the daily log books. The inspectors stated that all minor expressions of dissatisfaction must be recorded in a separate log

and reviewed for the purpose of learning, practice improvement and managerial oversight.

Access to information

The centre had a written policy on young people's access to written information. Inspectors found that young people had been given information about themselves in an appropriate way through life story work with their key-workers.

The young people were aware that the staff maintained records in relation to their care however their age and current level of understanding required that access to information had to be carefully managed in order to support them in exercising this right to access information. The inspectors found that staff would benefit from training on data protection legislation and a clearer understanding of the legal issues pertaining to third party information.

The young people were familiar with children's rights and there was evidence that key-workers completed key-work sessions outlining the rights of young people in care.

The centre manager had secured written information from the national advocacy service Empowering People in Care and the young people had access to this information in the centre. The centre manager planned to invite an EPIC advocate to a team meeting in the coming months and provide an opportunity for the young people to meet with a representative from the national advocacy service for young people in care.

3.4.2 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 director of services must ensure staff members are provided with training on data protection legislation and information relating to third party information.
- The centre manager must ensure that all minor expressions of dissatisfaction are recorded in a separate log for the purpose of learning, practice improvement and managerial oversight.

3.5 Planning for Children and Young People

Standard

There is a statutory written care plan developed in consultation with parents and young people that is subject to regular review. The plan states the aims and objectives of the placement, promotes the welfare, education, interests and health needs of young people and addresses their emotional and psychological needs. It stresses and outlines practical contact with families and, where appropriate, preparation for leaving care.

3.5.1 Practices that met the required standard in full

Contact with families

The inspectors found that the staff recognised the value of family contact and worked as closely with families as possible. Families were facilitated to have contact at the centre. Visits from previous carers, parents and significant others were facilitated and promoted at the centre. Staff also encouraged the young people to maintain written contact with significant people in their lives. Family contact that took place was recorded and stored on each of the young people's file. There was evidence that the centre manager maintained regular contact with the relevant social workers on all matters pertaining to family contact. The centre facilitated family contact at the centre for one of the young people. There was evidence that family contact was set out in the care plans and was considered at each statutory review for the young people in placement.

Supervision and visiting of young people

The young people in placement had an allocated social worker as required. A new social worker was allocated to one of the young people in May 2015 and social work contact was robust with visits to the centre every fortnight up to November 2015 when contact was reduced to monthly visits to the young person at the centre. Unannounced social work visits were also undertaken in respect of this young person and scheduled visits were undertaken by senior members of the social work service from within the placing authority.

In relation to the second resident the social worker and social work team leader visited the centre on a monthly basis and formally met with the young person prior to the monthly statutory review meeting.

Social Work Role

Standard

Supervising social workers have clear professional and statutory obligations and responsibilities for young people in residential care. All young people need to know that they have access on a regular basis to an advocate external to the centre to whom they can confide any difficulties or concerns they have in relation to their care.

Communication and collaboration with the social workers was clear and effective. Comprehensive weekly reports from the centre were forwarded to the social workers. Social workers had copies of absence management plans and individual crisis management plans. Inspectors found evidence that records kept in the centre relating to the young people were periodically reviewed by the supervising social workers and the Guardian *ad litem*. The social workers visited the young people in the centre and met them in private and enquired about their welfare and happiness.

The centre manager and staff informed inspectors that they were satisfied with the information, documentation and specialist reports they received from the social workers prior to admissions to the centre. The allocated social workers informed the monitoring officer that they were satisfied the young people were safe and secure in placement and they had no concerns about the standard of care the young people received. The social workers were satisfied that they received prompt notification in relation to all significant events. Both social workers informed the monitoring officer that there was good communication between the social workers and the centre manager. Inspectors found evidence that where issues of concern were raised by social workers these were responded to in an open and prompt manner by the centre.

The centre maintained a record of all contact with social workers and information detailing the nature of the contact and decisions agreed as a result of the contact was maintained on each individual care file.

Emotional and specialist support

Throughout the inspection, the centre manager and the staff demonstrated a good knowledge and understanding of the emotional and specialist needs of the young people in placement. There was evidence that the centre had responded appropriately to these needs. There was evidence that guidance from the external consultant was incorporated into practice and written guidance from training was displayed in the staff office. Staff interviewed stated that the guidance and training received from the

attachment specialist was beneficial to them in their work with both young people. The inspectors were satisfied that the young people were appropriately placed and the care plans had identified the long-term care plan for both young people.

The inspectors found that the staff played a central role in working with the young people's emotional needs through key-work and individual work. The team provided an opportunity for the young people to explore and express any worries, views or concerns they may have on an individual basis. The centre had a key-work system in place and the inspectors found that the key-workers had a good insight into the young people's emotional needs and they were attuned to these needs. There was evidence on each of the care files that both planned and opportunity-led work took place to address the young people's emotional needs.

Staff identified the need for the young people to be provided with additional specialist support external to the support provided within the centre. Appropriate external therapeutic support had recently been secured for one of the young people. The social worker for the other young person informed the inspectors that appropriate specialist support would be identified following a review of a recent psychological assessment.

Preparation for leaving care

The residents in placement were not at an age for preparation for leaving care. However, the inspectors found evidence that the centre staff assisted the young people to learn practical life skills for example learning to tie shoelaces, maintaining their bedrooms, general household chores, personal hygiene skills and cooking. Specific life skills programmes were tailored to meet their individual needs and were set out in the placement plans.

Discharges

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

Aftercare

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

3.5.2 Practices that met the required standard in some respect only

Suitable placements and admissions

Two young people had been admitted to the centre following the transfer of the original registration to the current premises on 18th July 2014. The inspectors found that these admissions had been in line with the written statement of purpose and function.

The centre catered for two young people, aged nine to fourteen years on admission accessing the service on a medium term basis for the provision of therapeutic care. The centre was operating at full capacity at the time of the inspection. One young person had been in placement for two years ten months and one young person had been six months in placement. The managers, staff and social workers interviewed expressed the view that the young people were appropriately placed. The inspectors found that the young people were suitably placed and had made good progress in their respective placements to date.

Referrals to the centre are considered by the director of services, the organisations external consultant (Educational Psychologist), the programme coordinator and the centre manager prior to admission.

Inspectors found evidence that the staff team had the opportunity to prepare and plan for the new admission. Pre-admission risk assessments were completed by the organisation and transition plans were developed to make a young person's admission to the centre as successful as possible.

A specific document called 'Getting to Know You' was completed by the organisations programme coordinator during the planning stages prior to admission. An impact risk assessment had been completed prior to accepting the second resident.

The social work service for one young person in placement raised concerns with the inspector outlining they were not satisfied that they had been appropriately consulted as part of the pre-admission risk assessment for the second admission to the centre. The inspectors require the organisation to develop a written procedure for consulting

with social workers who have young people in placement as part of the pre-admission risk assessment. This consultation process should be incorporated into the organisations admission policies and procedures.

Statutory care planning and review

The inspectors found the care plan reviews in respect of one of the young people were undertaken on a monthly basis in accordance with the relevant national policy. There was one month where the care plan meeting did not take place due to court proceedings however the social work team leader met with the young person during this month. Updated care plans were forwarded to the centre following the care plan reviews and were examined by the inspectors. Care plans were comprehensive and met the requirements of the regulations and standards in relation to care planning.

Statutory reviews for the second young person in placement had recently increased to three monthly reviews in order to ensure there is robust planning to secure a foster care placement. A record of the updated statutory care planning document was on file at the centre however minutes of the monthly care planning meetings were not forwarded to the centre by the placing authority. The placing authority must forward to the centre the minutes of the monthly planning meeting.

Inspectors found there were robust care planning processes in place for both young people and the placement were well monitored by the placing authorities. The care plans outlined the long term care plan for both young people.

The inspectors found that the centre had up to date and relevant placement plans with key-work and individual work identified and evaluated. The placement plan sets out the therapeutic work for a three month period.

Children's case and care records

Most of the care records were typed and accessible in electronic or print formats. Inspectors noted a significant number of spelling errors on typed reports. The centre manager must quality-assure centre documentation prior to circulation and filing.

The care files in the centre contained copies of the birth certificate and relevant care orders. A recent photo was maintained on each of the files. The centre maintained a typed record of contact with family and other professionals. The outcome of this contact was recorded. The inspectors found evidence across files that the young people's views were sought and recorded.

The social workers maintained a permanent, private and secure record of the young people's history and progress.

3.5.3 Practices that did not meet the required standard

None identified.

3.5.7 Regulation Based Requirements

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

Regulations 1995

-Part IV, Article 23, Paragraphs 1and2, Care Plans

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

-Part V, Article 25and26, Care Plan Reviews

-Part IV, Article 22, Case Files.

-Part IV, Article 24, Visitation by Authorised Persons

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 director of service must review the procedure for consulting with social workers who have young people in placement as part of the pre-admission process.
- The centre manager must quality-assure centre documentation prior to circulation and filing.
- The social worker must ensure that the minutes of care planning meetings are forwarded to the centre and placed on the individual care file.

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

Following interviews with staff members and reviewing the practices within the centre the inspectors found that the young people received a good standard of care from a committed and dedicated team. The practice was found to be child-centre and young people had the opportunity to have their views heard and be involved in decision-making in the centre. The staff team was responsive to the young people's needs and was warm, affectionate and nurturing in their interactions with them. There was a comfortable and relaxed atmosphere within the centre and the young people received emotional and physical care to a high standard. Individual goals and achievements were displayed throughout the centre along with photographs of the staff team and the young people. Inspectors found the atmosphere in the home to be warm and homely. The staff office door was open at all times and there was a culture where staff spend a lot of time fully engaged with the young people throughout the day. The young people had busy weekly schedules and routines throughout the week. One of the young people wrote on his questionnaire that staff made him 'feel happy'.

There were effective systems in place to ensure children's rights were respected and promoted. The young people spoke positively about the adults caring for them. The young people's quality of life was good. They were well integrated into their respective school communities and were both making good progress with their education. Education was valued in the centre and practices were in place to support the young people to achieve their potential.

Each young person had two appointed key-workers. The key-workers had specific responsibilities to ensure the recovery plans, and placement plans were updated. They also had responsibility to ensure that identified key-work and individual work was completed. There was a system in place to evaluate the outcome of individual

work and key-work and a report completed every three months provided an overview of the outcome of individual work undertaken. The programme coordinator assisted the key-workers to complete the therapeutic overview reports every three months. The programme coordinator also met with key-workers on a monthly basis to review and monitor the individual work and the key-work and to guide and support the workers in undertaking this work when required. The placement plans were forwarded to the social workers.

The What Works assessment had been completed in respect of both residents and had been updated as required. Copies of the What Works assessment were held on the key-work files. There was evidence that the programme coordinator and the educational psychologist visited the centre and met with the young people. The centre maintained a key-work file and all relevant and current key-work documents and the centres placement plans and outcome reports were located.

The young people were familiar with their key-workers and told the inspectors about the role of the key-worker. The young people were able to identify a number of staff members they would talk to or seek out if they were upset or worried about something. This provided the key-workers with easy access to documents relevant to the placement planning and key-work process for the purpose of review at the monthly key-work meetings.

Key-workers interviewed by inspectors identified areas of key-work undertaken with their key-child. The centre manager stated that a key-worker was appointed on the basis of the young person having a natural connection with a particular staff member.

Birthdays and special occasions were celebrated and this was evident on the records. Inspectors found that both young people had very busy schedules and they were both provided with opportunities to develop their talents and interests. They participated in a range of activities including school choir, football, hurling, community physical skills programme, guitar lessons, horse-riding, swimming and there was evidence that the young people attended the library and local playgrounds on a weekly basis. They each attended three summer camps over the summer months and there were plans in place to participate in Easter camps. One of the young people was involved in the local football club. The young people were invited to parties of friends from their respective schools. There was evidence that staff also involved the young people in baking, gardening projects, board games and artwork at the centre. There was evidence that the weekend activities were planned in advance.

Staff interviewed were satisfied that the required financial resources were available to them to provide a good standard of care for the young people.

Provision of food and cooking facilities

Inspectors found the meals provided at the centre to be nutritious providing the young people with a healthy and well-balanced diet. The young people had the opportunity to choose what meals they would like for the week and were involved with staff in weekly menu planning. The young people occasionally helped staff to prepare meals in the centre. The inspectors joined the staff and young people for dinner and found that there was an established culture where staff and young people sit and eat meals together on a daily basis. There was evidence that the centre staff regularly informed the young people of the benefits of maintaining a healthy diet. This was evidenced on the individual and key-work records. The kitchen in the centre was spacious and well equipped and was maintained to a satisfactory standard.

Race, culture, religion, gender and disability

The centre had a written policy on anti-discrimination practice. Inspectors found that the staff ensured in so far as possible that the young people enjoyed the same opportunities as their peers in the community. The young people occasionally attended religious services however they were offered the opportunity to attend church each week. The staff should continue to support and encourage the young people to practice their religion. Inspectors advised staff to record on the daily logs that young people were offered the opportunity to attend religious services. One of the young people had not reached their religious milestones and staff were working to ensure that the young person was facilitated to achieve this milestone. The young people living in the centre did not place any particular requirements on the centre to address specific cultural requirements with regard to food or particular ethnic practices.

Managing behavior

Staff interviewed were confident in their approach to managing behaviours that challenge. The staff team were trained in a recognised behaviour management intervention. The inspectors found there was a significant decrease in incidents of challenging behaviour in respect of one of the young people in placement.

There was evidence that the staff team did not rely on consequences as a means of managing behaviour's that challenge. The inspectors found that the team relied on relationship building and good role modeling as a core feature of their practice. Where consequences were employed they were related to the behaviour and there was a learning outcome for the young person. The consequences log book also evidenced that positive behaviour was rewarded and acknowledged. Inspectors found that consequences for poor behaviour was reasonable and age appropriate.

Team consultation with the centre's attachment specialist provided opportunities for the staff to reflect on the young people's presentation and further develop their responses to the young people based on their presenting needs. There was evidence that individual work and key-work was undertaken with the young people to help them gain a better insight and understanding around their challenging behaviour. Significant event notifications record the follow up life space interview with the young people following an episode of challenging behaviour.

The staff team also utilised a number of plans to ensure the young people's behaviour was appropriately managed such as, individual crisis management plans, absence management plans, risk assessments and recovery plans. The individual crisis management plans were updated regularly and reflected any changes in approach where required. There were no incidents where the Gardaí were called to the centre to manage behaviour.

Absence without authority

The staff were familiar with the Joint National Protocol for Children Missing from Care and with the procedure for reporting a child missing from care. Absent management plans had been developed in respect of each young person and had been signed by their respective social workers. There were no incidents of unauthorised absences from the centre since its initial registration.

3.6.2 Practices that met the required standard in some respect only

Restraint

The centre used a method of physical restraint that had been researched and was based on reputable practice. There was a written policy on the use of physical restraint and inspectors found that it was applied in a way that was consistent with the requirements of the policy. The individual crisis management plans for the young people in placement indicated whether physical restraint could be employed to

support behavior that challenged and the specific restraints permitted were identified on the plan. There had been one incident where physical restraint had been employed over the past sixteen months.

A record of other approved TCI physical interventions such as blocking techniques and protective stances was maintained at the centre.

There was one physical restraint intervention recorded on the register and this restraint had been reviewed by the TCI trainer and the centre manager, however there was no evidence of the review on file. While there were systems in place to monitor and review incidents where physical restraint was employed the inspectors did not see evidence of this review on the young person's file. The inspectors require that where TCI interventions are reviewed by the TCI trainer in the context of a significant event this review should be evidenced on the file copy of the significant event report.

Staff members had completed the required refresher training and foundation training in the use of physical restraint.

The social workers were familiar with the individual crisis management plans in operation in 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

- The centre manager must ensure that the TCI trainer's review of physical restraint interventions is evidenced on the file copy of the significant event report.

3.7 Safeguarding and Child Protection

Safeguarding

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

None identified.

3.7.2 Practices that met the required standard in some respect only

Inspectors found that the young people were safe living in the centre. There was evidence that the young people were appropriately monitored and supervised by staff. The staff members applied effective safeguarding practices and inspectors found evidence of interventions which promoted the protection and safety of the young people. There were good safe guarding practices in relation to lone working, personal care routines and supervision of the young people within the centre.

Outings and activities were regularly risk assessed by staff to ensure safety for all. However, inspectors found that these risk assessments were not always evidenced on the files. A risk assessment template should be developed to evidence assessed risks and agreed strategies to minimize the likelihood of risks reoccurring.

There was evidence that the young people were reminded to respect each person's right to privacy. There was evidence that the staff were clear with the young people in their expectations of them and the young people understood what was expected of them.

There was a complaints form that the young people could access if they had any complaint about their care. The young people were informed about their right to make a complaint or express a grievance about any aspect of their care. The young people interviewed could identify a person or persons on the staff team to whom they could raise any concerns.

The centre maintained a log of all accidents and injuries sustained by the young people and body maps were used to identify where injuries were noted. Staff

interviewed were clear about the reporting procedures in the event that they had concerns about a colleagues practice.

There was evidence that the monitoring officer and the supervising social worker for one young person had undertaken unannounced visits to the centre over the past twelve months.

3.7.3 Practices that did not meet the required standard

None identified.

Action Required

- The centre manager must develop a risk assessment template to evidence assessed risks and agreed strategies to minimize the likelihood of risks reoccurring.

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.

3.7.4 Practices that met the required standard in full

The centre had a comprehensive written policy and procedure document in relation to child protection, which was overall consistent with the national guidelines set out in Children First. This policy was signed by staff on an annual basis to indicate that they had read and understood the policy.

The centre manager was the designated liaison officer for reporting child protection concerns and information on this role was displayed in the staff office. Members of the team interviewed by inspectors were clear on their obligation to report child protection concerns to the centre manager or to the local duty social worker or Gardaí where required. 'Children First' training and refresher training was undertaken in February 2016.

The centre records show that one child protection concern was reported to the relevant social work department and this was responded to appropriately.

3.7.5 Practices that met the required standard in some respect only

None identified.

3.7.6 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

The young people in placement attended mainstream education and inspectors found that they were fully integrated into their school community and had exemplary attendance records. One young person attended school in the local community and the other young person was maintained in school in his community of origin. Inspectors found that education is valued by the team and the young people in placement are encouraged and assisted by staff to reach their educational potential.

The inspector spoke with the school principals who confirmed that the young people were appropriately placed in their respective schools and were making good academic progress. They stated that the young people were provided with all the necessary provisions by those caring for them. The school principals contributed to the child in care review processes and they confirmed that there was good communication between the residential staff and school staff.

Inspectors observed good routines in relation to completing homework on a daily basis and staff provided appropriate support to the young people in relation to their schoolwork. The staff maintained a record of parent/teacher meetings on individual care files.

3.8.2 Practices that met the required standard in some respect only

None identified.

3.8.3 Practices that did not meet the required standard

None identified.

3.9 Health

Standard

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

3.9.1 Practices that met the required standard in full

The young people were registered with the service's general practitioner. The general practitioner was satisfied that the centre staff sought prompt medical attention for the young people and followed advice and direction regarding the medical needs of the young people. The general practitioner confirmed that they were provided with the necessary information relating to past medical history. The general practitioner found that the attention paid to the young people by staff in looking after their health was of a high standard. Consent for medical treatment was held on file however the general practitioners were not informed about who provided the consent for medical treatment. The general practitioner should be notified in writing in relation to consent for medical treatment. The local monitoring officer was following up on this matter.

Inspectors found evidence on file of all medical appointments and a brief report on the outcome of all such appointments. Immunisation records were stored on the individual care files and were up to date for both residents. There was evidence that the young people received regular medical, dental, ophthalmic and other specialist medical services as required. Staff members were sensitive to the specific needs of one of the young people in relation to accessing medical treatment.

The centre has a no smoking policy that prohibits staff and young people smoking in the centre or when sharing transport. The young people in placement do not smoke. There was evidence that key-work and individual work was carried out with the young people in relation to promoting healthy lifestyles and information was provided as appropriate in relation to physical and sexual development.

3.9.2 Practices that met the required standard in some respect only

None identified.

3.9.3 Practices that did not meet the required standard

None identified.

3.9.4 Regulation Based Requirements

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

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

3.10 Premises and Safety

Standard

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

3.10.1 Practices that met the required standard in full

None identified.

3.10.2 Practices that met the required standard in some respect only

Accommodation

Inspectors were satisfied that the accommodation was fit for purpose. The centre was adequately lit, heated and ventilated and there were suitable facilities for cooking and laundry. The young people's awards, achievements and toys were evident throughout the centre. The centre was clean and well maintained. There was a cleaning schedule displayed in the staff office. The centre had been recently painted internally. However the inspectors felt the environment could be further enhanced with some additional bright, colourful soft furnishings. Inspectors found that the floor covering in the entrance hall and corridor required upgrading as it was worn and stained in places. The inspectors also found that the entrance driveway into the premises required upgrading.

While there was only one sitting room area in the premises inspectors were satisfied that staff ensured there were adequate arrangements in place for young people to have visits from family members and social workers that were private.

The young people had their own bedrooms that were decorated in accordance with their own personal preferences.

The proprietor provided evidence that the centre was adequately insured against accidents and injuries to children.

Maintenance and repairs

Routine maintenance and repair work was carried out promptly and the centre staff maintained a log of all maintenance and repair items in accordance with the standards. The director monitored the premises periodically to ensure the maintenance of safety and standards. The director of services must ensure that the decorative order of the centre is further enhanced as recommended above.

Safety

The centre had a written safety statement. It was signed by staff members to indicate they had read and understood the policy. The centre manager must ensure that staff sign the policy annually. The centre had an appointed health and safety officer and the site-specific risk/hazard identification record evidenced that the house and its environs are risk assessed on a weekly basis. This record was reviewed and signed by the centre manager. Daily checks on the centre's sharps box were evidenced on a logbook.

The vehicles used to transport the young people were roadworthy, legally insured and driven by persons who were properly licensed. The centre manager confirmed to inspectors that the central heating system was scheduled to be serviced on 11th March 2016.

Medication was stored in a drawer in a locked cabinet however the individual medication for each young person was not stored individually and the drawer with medications was not appropriately organized. First aid kits were located in the staff room and the kitchen area.

All accidents are recorded separately in a record book. All action taken in relation to these accidents were appropriate to the circumstances.

An audit of the food storage and food preparation areas was undertaken when the centre was initially registered and the inspectors found that the recommendations outlined in this report continued to be adhered to at the time of the inspection. The inspectors require that at least one member of staff receives HACCP training to ensure good standards in relation to food hygiene and food preparation are maintained.

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

There was evidence that the proprietor and the director of services monitored the premises periodically to ensure the maintenance of safety and standards. The proprietor provided evidence to the inspectors that the centre was adequately insured against accidents and injuries to staff and young people.

Fire Safety

An engineer report outlining the centre's compliance with the Regulations of Part B Fire Safety and Building Regulations was submitted to inspectors. A copy of the fire safety certificate granted by the local county council, without conditions, under the Building Control Act 1990 & 2007 was also forwarded as part of the registration process.

There was evidence that detection equipment and fire safety equipment was maintained and fire drills had been undertaken and recorded. The fire drill record did not identify the names of the young people and staff members who participated in the drill. The fire drill record must identify all those who participated in the fire drill. The fire safety warden/representative undertook quarterly fire risk assessments. The service had scheduled specific fire safety training for the fire warden in the centre. Staff completed the fire safety logbook nightly and specific roles for staff members on duty were outlined in the event of an emergency evacuation. Fire evacuation plans are displayed throughout the centre.

Fire extinguishers and the required fire-fighting equipment were located at identified fire points in the centre. Fire-fighting equipment was subject to an annual maintenance check in August 2015. The fire panel in the centre did not identify the various zones within the building therefore one could not immediately identify where the fire was located in the event the alarm was activated. The centre manager must ensure the individual fire zones are identified on the panel. Staff undertook annual training in fire prevention and evacuation and the fire training for staff for 2016 was set out in the centre training schedule for March 2016.

3.10.3 Practices that did not meet the required standard

None identified.

3.10.4 Regulation Based Requirements

The centre has not met the regulatory requirements in accordance with the ***Child Care (Standards in Children’s Residential Centres) Regulations 1996, -Part III, Article 8, Accommodation***

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

-Part III, Article 13, Fire Precautions

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

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

-Part III, Article 15, Insurance

Required Action

- The floor covering in the entrance hallway and corridor must be replaced as it is badly worn and stained.
- The environment should be further enhanced with additional child friendly colourful soft furnishings.
- The proprietor must ensure that the entrance driveway into the premises is upgraded.
- The centre manager must ensure that the specific zones within the building are identified on the fire panel.
- The fire drill record must identify the name of the young people and staff members who participated in the drill.
- The centre manager must ensure that all staff members sign the health and safety policy annually.
- The centre manager must ensure that practices in relation to the storage of medication is reviewed and ensure there are individual locked storage for medication for each resident.
- The centre manager must ensure that at least one member of the team has undertaken HACCP training to ensure best practice in relation to food storage and preparation.

4. Action Plan

Standard	Issues Requiring Action	Response	Inspectors Commentary
<p>3.2</p>	<p>The director of services must ensure that the centre manager secures a relevant social care qualification.</p> <p>The director of services must have a plan in place to ensure all staff are supported to obtain the required or relevant qualification.</p> <p>The director of services should ensure that the role of the deputy manager is further developed within the centre.</p>	<p>A relevant course will be booked to commence in September 2016.</p> <p>The director of services will ensure that there is a plan in place to ensure all staff are supported to obtain the required qualification or relevant equivalent qualification.</p> <p>This post will be further developed within the next 6 weeks.</p>	<p>The inspectors are satisfied with this response.</p> <p>The inspectors are satisfied with this response and the monitoring officer will review progress on this recommendation.</p> <p>The inspectors are satisfied with this response. The monitoring officer will follow up on this response on the next visit.</p>

	<p>The inspectors require the file copy of all significant event reports to be signed by the authors of the report and by the centre manager.</p> <p>The director of services must develop a system for undertaking a more formalized management review of all significant event reports generated from centre to track patterns and trends and ensure that risks identified in such reports are appropriately addressed.</p> <p>The staff supervision records must evidence a link between the goals identified in the placement plan and outcomes for the young people.</p>	<p>All significant events will be signed by care workers completing the report and centre manager before being placed on file.</p> <p>The director of services will develop this within the next 8 weeks.</p> <p>All supervisions have been developed to show links between goals and outcomes for young people.</p>	<p>The inspectors are satisfied with this response. The monitoring officer will check file reports on next visit.</p> <p>An audit tool to be completed on a monthly basis by centre managers has been developed by the director of services to monitor and track patterns and trends in relation to significant event reports. The inspectors are satisfied with this response.</p> <p>The monitoring officer will examine the supervision files on next visit.</p>
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	<p>The centre manager must provide greater evidence of the oversight of the centre records by recording any comments or observations pertaining to the documents.</p> <p>Newly appointed staff and staff member who are not qualified in social care practice must be provided with additional supervision, support and mentoring by a qualified social care practitioner.</p>	<p>The centre manager will provide greater evidence and oversight of the recording and centre records and comments and observations in the relevant documents.</p> <p>There will be formal supervision provided every four weeks. Each unqualified care practitioner will also have a fully qualified mentor in the house and will always be working with a fully qualified worker on shift with them.</p>	<p>The inspectors are satisfied with this response and the monitoring officer will examine centre records to ensure implementation.</p> <p>The inspectors are satisfied with this response.</p>
<p>3.4</p>	<p>The director of services must ensure staff are provided with training on data protection legislation and information relating to third party information.</p>	<p>The director of services will source and make this training available to staff within the next 8 weeks.</p>	<p>The inspectors are satisfied with this response.</p>

	The centre manager must ensure that all minor expressions of dissatisfaction are recorded and reviewed to the same level as complaints for the purpose of learning, practice improvement and managerial oversight.	Expressions of dissatisfaction and complaints are now incorporated into the one log book. Complaints at the front and expressions of dissatisfaction at the back of the book.	The inspectors are satisfied with this response. The monitoring officer will examine the complaints/expressions of dissatisfaction logbook on the next visit.
3.5	The director of services must review the procedure for consulting with social workers who have young people in placement as part of the pre-admission process.	The centre manager will ensure that the TCI trainer reviews and comments on all significant event reports that require physical restraint and this review will be evidenced on the file report.	The inspectors are satisfied with this response and the monitoring officer will monitor implementation of the recommendation.
3.6	The centre Manager must ensure that the TCI trainer's review of physical restraint interventions is evidenced on the file copy of the significant event report.	The centre manager will ensure that the TCI trainer reviews and comments on all significant event reports that require physical restraint and this review will be evidenced on the file report.	The inspectors are satisfied with this response and the monitoring officer will monitor implementation of the recommendation.

<p>3.7</p>	<p>The centre manager must develop a risk assessment template to evidence assessed risks and the agreed strategies to minimize the likelihood of risks reoccurring.</p>	<p>Risk assessment template is available in electronic format. These will be completed as required.</p>	<p>The inspectors are satisfied with this response.</p>
<p>3.10</p>	<p>The environment should be further enhanced with additional child friendly colourful soft furnishings.</p> <p>The proprietor must ensure that the entrance driveway into the premises is upgraded.</p> <p>The centre manager must ensure that specific zones within the building are identified on the fire panel.</p>	<p>Painting has been completed and more soft furnishings such as cushions and pictures will be replaced. The children have been consulted and their views recorded in relation to their wishes in this regard.</p> <p>Maintenance will undertake maintenance and repair of the driveway within 4 weeks.</p> <p>The fire zones have been identified and displayed on the staff wall and fire panel.</p>	<p>The inspectors are satisfied with this response.</p> <p>The inspectors are satisfied with this response.</p> <p>This document has been signed by all staff.</p>

	<p>The fire drill record must identify the name of the young people and staff members who participated in the drill.</p> <p>The centre manager must ensure that all staff members sign the health and safety policy annually.</p> <p>The centre manager must ensure that practices in relation to the storage of medication is reviewed and ensure there is individual locked storage for medication for each resident.</p> <p>The centre manager must ensure that at least one member of the team has undertaken HACCP training to ensure best practice in relation to food storage and preparation.</p>	<p>The fire drill record must display names of all staff involved as well as the names of the young people involved.</p> <p>This document has been signed by all staff.</p> <p>New individual locked storage units for each medication have been installed for each young person and with a picture of the young person and their medication details attached.</p> <p>This training will be sourced and two staff will be facilitated to complete this course within the next 6 weeks.</p>	<p>The inspectors are satisfied with this response. The monitoring officer will examine the fire drill record on next visit.</p> <p>The Inspectors are satisfied with this response. The monitoring officer will check to ensure this has been completed on the next visit.</p> <p>The inspectors are satisfied with this response.</p> <p>The inspectors are satisfied with this response.</p>
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