



An Ghníomhaireacht um  
Leanaí agus an Teaghlach  
Child and Family Agency

## Registration and Inspection Service

### Children's Residential Centre

<b>Centre ID number:</b>	044
<b>Year:</b>	2015
<b>Lead inspector:</b>	Lorraine O' Brien

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## Registration and Inspection Report

<b>Inspection Year:</b>	<b>2015</b>
<b>Name of Organisation:</b>	<b>Positive Care Ireland</b>
<b>Registered Capacity:</b>	<b>Four young people</b>
<b>Dates of Inspection:</b>	<b>21<sup>st</sup> &amp; 22<sup>nd</sup> of October &amp; 16<sup>th</sup> of December 2015</b>
<b>Registration Decision:</b>	<b>Registered without conditions attached</b>
<b>Inspection Team:</b>	<b>Lorraine O' Brien &amp; Kieran Magorrian</b>
<b>Date Report Issued:</b>	<b>1<sup>st</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>38</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 and was created under legislation purveyed by the 1991 Child Care Act to fulfil two statutory regulatory functions:

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

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

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

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

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

## 1.1 Methodology

An application was duly made by the proprietors of this centre for continued registration on the 5<sup>th</sup> of October 2015. This announced inspection took place on the 21<sup>st</sup> and 22<sup>nd</sup> of October, with a follow up visit on the 16<sup>th</sup> of December 2015 and this report is based on a range of inspection techniques including:

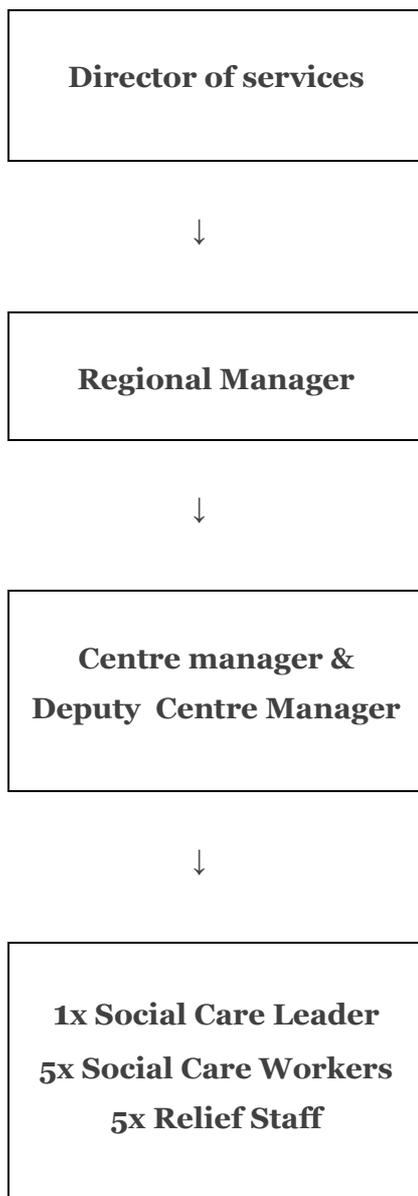
- ◆ An examination of the centres application for registration.
- ◆ An examination of pre-inspection questionnaire and related documentation completed by the centre manager.
- ◆ An examination of the questionnaires completed by:
  - a) Centre manager
  - b) All social care staff
  - c) The social workers with responsibility for the young people who resided in the centre.
  - d) Regional manager
  - e) Counselling Psychologist
  - f) Other professionals e.g. General Practitioner's and therapists.
- ◆ An examination of the most recent visits by the monitoring officer
- ◆ An inspection of the premises and grounds using an audit checklist devised by the Health and Safety and Fire and Safety Officers of the 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 fida interest in the operation of the centre including but not exclusively :
  - a) The centre manager and regional manager
  - b) Four staff
  - c) One young person
  - d) Two social workers
  - e) Counselling Psychologist

- f) One parent
  - g) The monitoring officer
- 
- ◆ Observations of care practice routines and the staff/ young person's interactions.

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

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

## 1.2 Organisational Structure



## 2. Findings with regard to registration matters

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

The findings of this report and assessment of the submitted action plan on the 5<sup>th</sup> of 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 without conditions pursuant to Part VIII, Section's 61 (6) (A) (i) of the 1991 Child Care Act. **The period of registration being from the 8<sup>th</sup> of June 2015 to the 8<sup>th</sup> of June 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**

The inspectors found that the centre had a clear statement of purpose and function which accurately described what the centre set out to do and the manner in which care was to be provided for the young people. It caters for four young people, males and females aged 13 – 17 on admission accessing the service on a short to medium term basis for the provision of care and protection.

The centre had a detailed written policy and procedures document and the management team stated they intended to review it on an annual basis. The inspectors reviewed the documentation and were satisfied that the policies and procedures met the required standard.

Inspectors found that the management and staff team were familiar with the statement of purpose and function and the key policies and procedures. Information regarding the purpose and function and key policies was available to young people in a user friendly booklet. The centre uses a range of care approaches that were rolled out by the management team with oversight by the organisations counselling psychologist. Through interviews the inspectors were satisfied that the regional manager and the counselling psychologist could adequately describe the philosophy of care and were appropriately qualified to review its effectiveness in practice. When the inspectors explored the models with the staff team they found that they were aware of them and embraced the concepts being presented.

The centre manager stated that the management and staff team aimed to provide an environment where relationships could be developed and each young person's identified needs could be met in a non-judgemental, caring and homely environment. The service was operational three months when the inspection took place and as a result was in the process of developing and implementing the centres policies and creating a culture within the centre. The inspectors found that the staff team were struggling to manage a young person's behaviour due to the high level of needs of the

young person and a number of experienced staff being on sick leave. The centre was in compliance with their purpose but was not functioning effectively. A number of measures were implemented by the management and staff team and the relevant social work department to deal with the presenting issues. A follow up visit took place six weeks following the onsite inspection visit to assess progress made and the inspector found that a significant amount of issues had been addressed; the centre had returned to a position of stability and was now functioning to a safe and good quality level.

### **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

#### **Management**

The centre manager provided a consistent and stable approach to the centre and had been working within the child care field for many years. The centre manager was appropriately qualified and was involved in the setting up of the service, which opened in June 2015. The centre manager reported to the regional manager who oversaw the running of the service. The regional manager changed during the inspection and the inspector linked in with the newly appointed regional manager. The inspectors found that the new regional manager was appropriately briefed and inducted into their role by the previous regional manager.

Inspectors found evidence of accountability and good governance systems in place. The regional manager stated that they oversee the centre managers' performance through monthly supervision, monthly managers meetings, weekly reports, regular house visits and through regular communication by e mail and phone and the inspectors saw evidence of these strategies on file. Through the review of management records and reports and through the information gathered from the centre manager, staff team and social workers; the inspectors found clear evidence that the regional manager's systems to oversee the running of the service were effective in practice.

The centre manager was supported by a social care leader and the inspectors observed that they had clear established roles and provided a good level of support for each other. The inspectors found that the centre manager had systems in place to ensure suitable and appropriate operational practices were in place which included the supervision of the staff on a regular basis, daily interactions with the young people, observations of staff practices, attending staff meetings and reading and signing logs and reports.

The inspectors found that the staff team were struggling to manage a young person's behaviour due to the high level of needs of the young person and a number of

experienced staff being on sick leave. The situation was managed by the centre manager by increasing supervision, mentoring was provided by the centre manager and training for the more inexperienced staff. During the follow up inspection visit all experienced staff on leave had returned to the centre to resume their duties.

## **Register**

The centre manager maintained a register of young people who lived in 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. At the time of the third follow up inspection visit the centre had discharged one young person and their discharge details were accurately recorded on the register.

## **Notification of significant events**

The inspectors found the quality of the notification of significant events reports to be good and follow up appropriate by the staff team and the young people's social workers. The inspectors met with one of the young people's social workers and carried out a phone interview with the second social worker, both of whom informed them that they were satisfied they were notified promptly of all significant events.

The inspectors found that there was much effort made by the staff team to engage and consult the young people on a daily basis leading up to and after incidents. The management and review of incidents was carried out through the young people's ICMP's, placement plans and statutory reviews. The management team attended significant event review group meetings on a regular basis in order to review how incidents were managed and to assess patterns of challenging behaviour and trends. The inspectors found that the specific incidents under review were outlined and minutes recorded during these meetings.

The evidence assembled by the inspectors showed that the staff team had deployed a number of strategies in order to assess and manage some very high risk incidents involving one of the young people in the centre. The inspectors found that the management of the young person's behaviour was made more difficult by the fact that a number of experienced staff were on sick leave or compassionate leave and it was evidenced by sometimes inconsistent practices by the staff team.

A significant amount of property damage and high risk behaviours were exhibited and the staff team struggled to maintain a safe environment. Following much discussion and several emergency placement protection meetings the staff team,

management team and the young person's social worker were all in agreement that the young person's placement was not sustainable and it was in their best interest to be moved to a more appropriate and specialised placement. The monitoring officer had serious concerns in relation to the safety of all involved and appropriately escalated the issues of concern in writing to TUSLA Child and Family Agency National Office.

During the inspection the inspectors shared the expressed concerns in relation to the risks the young person posed to themselves and others and the impact it was having on the other resident. These concerns were shared with the placing social work department and the registrar for children's residential centres. Following the inspection the inspectors continued to link in with the centre manager and monitoring officer and found that the young person was subsequently moved to a more suitable placement. A significant amount of repair work was carried out within a short time frame and the centre returned to a position of stability. Following the young person's discharge a full review of their placement and incidents was carried out by the service and a copy was provided to the inspectors for their review. The key finding was that the young person required a specialised service with specific services available on site to meet the young person's complex needs.

### **Supervision and support**

The inspectors found that staff received supervision every 4 weeks in line with the centre's policy document that states 4-6 weeks. The staff team through interview and inspection questionnaires stated that they find supervision supportive and an effective tool for accountability. Supervision records reviewed by the inspectors confirmed that the supervision process and recording system created a supportive and reflective forum for the staff team. There was an effective link between supervision and the implementation of young people's placement plans in the supervision records. Where serious incidents occurred the inspectors found that staff received debriefing from the centre manager and these sessions were kept in the supervision file. The centre manager also confirmed that they received debriefing from their line manager, the regional manager, and the sessions were also recorded. There was evidence that the sessions also focused on practice and professional development.

The inspectors found that the staff team were struggling to manage a young person's behaviour due to the high level of needs of the young person and a number of experienced staff being on sick leave. The situation was managed by the centre manager by increasing supervision sessions, increased support provided by the

centre manager on a daily basis and training for the inexperienced staff until the experience staff returned to resume their duties.

The staff team was supported in their role through regular staff team meeting. An inspector attended a team meeting and found that the young people are discussed and decisions communicated clearly to all concerned. The staff team meeting book was reviewed by the inspectors who concluded that reflective practice and forward planning was taking place during the team meetings.

Daily handovers occurred as a form of communication, staff had a handover book to ensure consistency of practice and staff stated that they were an essential tool for ensuring all necessary information was shared between staff. The centre manager stated that they attend the handovers where possible to ensure handover remains an effective communication tool for the staff team.

### **Administrative files**

The record keeping system was well organised and accessible in a way that facilitated effective management and accountability.

The inspectors were satisfied that the centre manager and regional manager were monitoring the quality of records and found evidence of this on the young people's files. Care records were kept in perpetuity and an archiving system was in place within the company.

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

#### **Staffing**

The inspectors found that the staff team underwent an induction that was provided by the organisation focusing on the centre's policies and procedures. All of the staff team interviewed stated that the induction was very beneficial and they received training in core areas such as child protection and fire safety prior to the centre opening.

The inspectors reviewed the staffing levels in the centre and found that the deployment of staff was sufficient to address the needs of the young people on a daily basis. Staff duty rosters were examined and there was evidence that adequate numbers of staff were on duty at the key times. The centre had a pool of relief staff to rely on to cover annual and sick leave and had not used agency staff since it opened.

The staff team was supported by an on-call system comprising of the centre management team which offered advice and support if required.

The centre manager worked office hours Monday to Friday and three staff members were always scheduled for each shift. The centre manager was supported by a deputy manager and a second staff on the team was qualified and experienced to the social care leader level.

The inspectors found a number of experienced staff that was allocated to the team when the centre opened were on unavoidable sick leave or compassionate leave. This situation was outside the control of the centre manager. It had implications on the consistency of the staff team as a number of the staff were inexperienced and lacked the required level of insight that the more experienced staff would provide. The situation was managed in the interim by the centre manager by increasing supervision sessions, increased support provided by the centre manager on a daily basis and training for the inexperienced staff until the experience staff returned to resume their duties.

A consistent and stable staff team needed to be re-established as a priority. A follow up visit took place six weeks following the onsite inspection visit to assess progress made and the inspector found that the staff on leave had returned to work, the centre had returned to a position of stability and the staff team were now in a position that they would focus on providing consistent and informed care for the young people.

As a result of the needs of the young people an appropriately high level of staff members were on shift at all times. Three staff were on shift and each young person was assigned two key workers to guide their care. A young person was allocated 2:1 staffing as a result of risk assessments. The inspectors found that there was 2:1 staff with the young person consistently while in the centre but on a number of occasions the young person was taken on trips with one staff. The young person's social worker was concerned when this was highlighted as the agreement was for two staff to supervise the young person at all times. During the inspection the centre manager stated that a risk assessment was carried out prior to all trips and in practice the staff team found incidents reduced when one staff accompanied the young person outside of the centre. However, the inspectors found that this was not communicated clearly to the young person's social worker and the centre manager agreed to ensure the young person's ratio of staff was 2:1 at all times.

The inspectors carried out an audit of staff personnel records and found that they included three verified references and Garda Vetting on file for all staff. The centre

had students on placement but did not have evidence on file from the student's college that they were vetted appropriately. The inspectors spoke to the centre manager to clarify that this issue needed immediate attention and the centre manager agreed to ensure that it was promptly rectified.

All of the staff had a recognised social care qualification or equivalent with the exception of one staff. This staff member was being supported to attend college next September. The inspectors did not see this agreement in writing on the staff members file, an issue that the manager was attending to. The trainee staff member was supervised every 2 weeks as a support and guidance mechanism and the trainee felt supported in their role.

The centre manager acknowledged that a staff member with social care leader experience was not on every shift as required by criteria 2.10 of the National standards for Children's Residential Centres 2001, due to the second social care leader being on extended leave a deficit that the centre manager stated that they would address.

### **Training and development**

Inspectors found that the staff team was provided with training in areas pertaining to their work such as children first training and first aid.

Some training needs were identified by the inspectors. The centre manager and the inspectors discussed the requirements of the Freedom of Information Acts 1997 and Data Protection Act 2003. The Inspectors concluded that the centre manager was not fully aware of the requirements of both of the Acts which could impact on the centre manager's oversight of young people's appropriate access to their records. The centre manager agreed that they would benefit from training in these areas.

The centre manager found that safe food hygiene practices were undertaken in the centre where regular checks were put in place by the staff team. However, the inspectors concluded that in order to optimise food safety practices HACCP (Food safety) training was required.

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

None identified.

### **3.2.4 Regulation Based Requirements**

The Child and Family Agency has met the regulatory requirements in accordance with the *Child Care (Placement of Children in Residential Care) Regulations 1995*  
*Part IV, Article 21, Register.*

The centre has met the regulatory requirements in accordance with the *Child Care (Standards in Children's Residential Centres) Regulations 1996*  
*-Part III, Article 5, Care Practices and Operational Policies*  
*-Part III, Article 6, Paragraph 2, Change of Person in Charge*  
*-Part III, Article 7, Staffing (Numbers, Experience and Qualifications)*  
*-Part III, Article 16, Notification of Significant Events.*

#### **Required Action**

- A consistent and stable staff team should be maintained as a priority. This should be overseen by the TUSLA Child and Family Agency monitoring officer.
- Evidence should be on file that students are fully vetted in accordance with the required standard.
- A nominated person on the team should get training in the requirements of the Freedom of Information Acts 1997 and Data Protection Act 2003.
- A nominated person on the team should get training in HACCP (Food safety) training.

### 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**

The centre was monitored by the TUSLA Child and Family Agency monitoring officer. The inspectors spoke with the monitoring officer and found they had a number of approaches in place to monitor the centre which included the ongoing review of significant events, receiving and assessing a monthly report from the centre, regular contact with the centre and onsite visits. The inspectors found evidence that the monitoring officer met with the centre manager, reviewed young people's records and reports and met with the young people during their visits to the centre.

The monitoring officer clarified that they were sent notification of significant events in a prompt manner for the young people in the centre. There was evidence that the monitoring officer provided advice and guidance to the centre manager. The evidence assembled by the inspectors showed that the monitoring officer was notified of some very high risk incidents involving one of the young people in the centre. The monitoring officer also had serious concerns in relation to the safety of all involved and appropriately escalated the issues of concern in writing to TUSLA Child and Family Agency National Office.

Following much discussion and several emergency placement protection meetings all professionals involved in the young person's care were in agreement that the placement was not sustainable and it was in their best interest to be moved to a more appropriate and specialised placement. As a result of the serious concerns expressed during the onsite inspection in relation to the appropriateness of the young person's placement, the inspectors carried out a follow up visit to the centre 6 weeks after the initial visits and found that the young person was subsequently moved to a specialised centre equipped to meet the needs young people with very complex needs and the centre had returned to a position of stability.

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

None identified.

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

None identified.

### **3.3.4 Regulation Based Requirements**

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

## 3.4 Children's Rights

### **Standard**

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

### 3.4.1 Practices that met the required standard

#### **Consultation**

The inspectors were satisfied that the young people were consulted and that their opinions and views were sought on decisions affecting their lives and future. The staff team encouraged young people to attend weekly young people's meetings. The meeting was a forum for the young people to express their feelings on topics and issues arising in the centre. The inspectors found that a record was kept of the meetings containing a brief outline of the agenda with outcomes and decisions made.

The inspectors were satisfied that the young people were aware of their rights and responsibilities, and that young people's rights were reflected in the centre policies. The inspectors spoke to one young person resident in the centre and found they were aware of their rights. The young person was happy with the quality of care provided to them and was clear of the expectations and routines in the centre and felt listened to by the management and staff team. The young person also voiced a concern and dissatisfaction in relation to the impact the other resident's challenging behaviours was having on their care and was confident that the staff team were doing all they could to address their concerns.

The centre had a key worker system and the Inspectors found that the key workers advocate for the young people where necessary. The young people were encouraged to participate in activities with their peers to help them increase their confidence and social skills. They are also linked in with local youth clubs and sports clubs of their choice in order to develop their individual interests.

The young people's files recorded interactions between the young people and the staff on duty, which also evidenced young people's participation in their care. Young people's views were sought, recorded and any issues the young people had were brought to the staff meeting.

The inspectors advised the centre to invite EPIC (Empowering People in Care) to visit the young people in the centre and who would provide information for the young people in relation to their advocacy service.

## **Complaints**

The centre had a complaints policy to guide the staff and management team if a young person wanted to exercise their right to make a complaint. The policy was approved by the management team who intended to review it on an annual basis. The inspectors found that the management, staff team and young people were clear about the procedure to follow where a complaint was made about the centre manager and what the appeals process entails if a young person is dissatisfied about the outcome of a complaint.

Complaints and grievances recorded during the period under review were dealt with in a satisfactory manner. One young person made a number of complaints and they were fully supported by the staff team and the complaint was satisfactorily resolved for the young person. The complaints were signed off by the centre manager and regional manager. The inspectors found that all information in relation to a complaint was kept on the young people's individual file.

## **Access to Information**

The inspectors found that there was a clear written procedure which sets out how the young people can access information about themselves and the services available to them. In practice young people in the centre were encouraged to read their daily logs and they were aware of their right to request to read their main file.

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

None identified.

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

None identified.

### **3.4.4 Regulation Based Requirements**

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

### 3.5 Planning for Children and Young People

#### ***Standard***

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

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

##### **Suitable placement and admission**

The centre catered for four young people, aged 13 – 17 on admission accessing the service on a short to medium term basis for the provision of care and protection. Social workers applying for a placement in the centre completed an application form and provided background information in support of the application. Applications were then considered by the TUSLA Child and Family Agency Placement Team and due consideration was given to the impact of a new admission on existing residents. The inspectors found that pre-admission risk assessment were completed for the young people in the centre and full plans was put in place to make the young people's admission into the centre as successful as possible.

Social workers were required to encourage the young people to visit the centre prior to admission. The young people had an opportunity to meet with the management and staff with their social worker where any questions regarding the service were answered. Young people were given an information brochure on the service. Once the placement was offered a plan was developed taking into account the needs of the young people.

There was evidence that the centre manager and supervising social workers were satisfied, at the admission stage, that the placements were suitable and would meet the needs of the young people placed. However, one young person's placement went into crisis very quickly into the placement as a result of a number of factors; the main one being that it transpired that mainstream residential care was not congruent to meeting the young person's complex set of needs. The inspectors were satisfied that the management team and the social work department could not have previously predicted that the placement would not meet the young person's needs. A multi-disciplinary team reviewed the placement on a regular basis in order to put strategies

and resources in place to make it sustainable but following a number of serious incidents and a number of professional meetings the placement was deemed no longer viable and the young person was moved to a specialised centre.

During the follow up inspection visit another young person was being transitioned into the centre and the inspectors found that the centre's policy and procedures in relation to referrals and admissions were fully implemented in practice.

### **Statutory care plans and care plan reviews**

The inspectors found that the young people who resided in the centre had up to date care plans on file. The inspectors found that the care plans and reviews were detailed and reflective of the young people's needs. The centre also had their own clear plans and reviews in place, such as placement plans, behaviour management plans and individual crisis management plans.

### **Contact with families**

The inspectors found that the staff recognised the value of family and worked as closely with families as possible. The staff made every effort to ensure young people were in contact with their siblings and the young people could bring their families for visits to the centre and meet them in private if they so wish. Family contact that took place was recorded and stored in each of the young people's file.

The Inspectors spoke to one parent who was very positive about the support provided to them and the young person from the centre. They stated that communication with the centre was very good. The parent stated that their child had progressed in this placement when a number of previous placements had broken down. They were clear that they felt heard in relation to some issues they expressed but progress in relation to addressing their concerns was slow.

### ***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.

### **Supervision and visiting of children**

The inspectors found that the supervising social workers visited the young people as required. A record of social work visits was kept on the young person's care file.

### **Social work role**

The Inspectors spoke to the young people's social workers and both were very happy with the standard of care provided by the centre. Both social workers stated that the centre had clear protocols for working with the young people around their needs. They created a homely atmosphere in the house and demonstrated respect and understanding for the young people.

As previously stated, a young person was allocated 2:1 staffing as a result of risk assessments. The inspectors found that there was 2:1 staff with the young person consistently while in the centre but on a number of occasions the young person was taken on trips with one staff. The young person's social worker was concerned when this was highlighted as the agreement was for two staff to supervise the young person at all times. During the inspection the centre manager committed to ensure the young person's ratio of staff was 2:1 at all times.

### **Emotional and specialist supports**

The centre assessed and worked with young people around their emotional needs. The centre recognised that each young person resident has specific individual needs relating to their age, developmental progress and past experiences. Young people were appropriately connected to specialist services they required such as counselling services. The inspectors saw evidence through care files that the centre liaise appropriately with the specialist services accessed by the young people outside of the service and embrace any recommendations made in the best interests of the young people.

From care files the inspectors found that staff play a central role in working with the young people's emotional needs through 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 worker system and the inspectors found that the key workers advocate for the young people where necessary. There was evidence that both planned and opportunity-led key working sessions took place to support the young people's emotional needs, were recorded clearly and overseen by the management team and the organisations counselling psychologist.

## **Discharges**

The centre experienced one discharge since they opened. The inspectors reviewed the centre's register and found that the young person's discharge details were appropriately recorded.

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

The care files of the young people were examined, and the inspectors found that the records were maintained to a good standard and in a manner that facilitates effective management and accountability. The care files were sub-divided into sections and the key documentation was on file. The records were filed in chronological order and were kept up to date.

The inspectors found that records and reports were signed and dated and the regional manager signed reports that showed there was external oversight of the centre. During the review of care files the inspectors found reports were wrongly filed on young people's care files on two occasions. The staff team should be vigilant when filing young people's information as it could result in a breach of the Data Protection Act 2003.

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

#### **Preparation for leaving care/aftercare**

The inspectors saw evidence of independent living skills being undertaken by the centre staff and the young people around practical life skills such as budgeting, hygiene and cooking. Specific life skills plans were tailored to meet their individual needs.

The centre manager stated that the service can, where requested, continue to work with young people after they leave the centre. The inspectors spoke to one young

person in relation to independent living and they were positive about the support they were receiving from the centre.

The inspectors found that the young person over 17 years of age living in the centre did not have an aftercare plan on file or an allocated aftercare worker. The social worker with responsibility for the young person in the centre should ensure an aftercare plan is devised in consultation with the young person and an aftercare worker is allocated as a priority.

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

None identified.

### **3.5.4 Regulation Based Requirements**

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

#### ***Regulations 1995***

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

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

***-Part V, Article 25and26, Care Plan Reviews***

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

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

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

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

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

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

### **Required action**

- The social worker with responsibility for the young person in the centre should ensure an aftercare plan is devised in consultation with the young person and an aftercare worker is allocated as a priority.

## 3.6 Care of Young People

### **Standard**

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

### 3.6.1 Practices that met the required standard

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

The inspectors found evidence that the management and staff team were aware of the importance of maintaining young people's individuality within the group. The health, educational and emotional needs as well as the general well being of each of the young people in the centre were assessed and considered on an individual basis. The inspectors met with one young person resident in the centre. They were positive about the centre and the service provided to them.

The young person was aware of their key worker's role and found it helpful to have someone to discuss issues with. The inspectors observed that the young people were cared for in a manner that takes account of their wishes, preferences and individuality.

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

The inspectors observed that there were adequate quantities and varieties of food available at meal times, and the young people's preferences were taken into consideration. The young people had easy access to food and were encouraged to prepare meals. Both staff and the young people had their meals together when possible.

Young people in the centre were provided with cooked meals that were nutritious and appetising. The inspectors joined the staff and one young person for lunch and found the provision of food was very good and varied. The inspectors found that, despite an often tentative atmosphere in the centre due to a significant amount of challenging behaviour exhibited, the staff team were trying to establish a culture where all staff

and young people eat lunch and dinner together on a daily basis. This enhanced the homely culture of care provided in the centre.

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

The centre had a policy that stated that the service is committed to ensuring that no person is discriminated against. Individuality and diversity was valued and the centre endeavoured to maintain a culture of acceptance and respect. Staff stated that young people in the centre can practice their religion of choice if they so choose.

### **Restraint**

The inspectors reviewed incidents resulting in a restraint over the period under review and found that they had been carried out in accordance with their policy. Incidents of restraint were reviewed by the centre manager, regional manager and the organisations trainer in the model of restraint to ensure they were necessary and carried out appropriately. All of the staff team were trained in a method of physical restraint that had been researched and was based on reputable practice and had regular refreshers.

When young people's aggression escalated to a point that it was deemed outside of staff's control and they were carrying out criminal damage that were pose a serious risk to themselves or others; the staff called the Gardaí for assistance. The inspectors assessed that the calls for assistance were proportionate to the level of risk posed. All calls to the Gardaí for assistance were monitored by the centre manager and regional manager.

### **Absence without authority**

The inspectors reviewed the centres policies and procedures and documentation regarding young people who absent themselves from the centre. There was good evidence that the revised Garda / HSE Joint Protocol 2012 requirements were put into practice by the centre. Incidents of unauthorised absence and missing from care in the period under review were high. The staff team in consultation with the young people's social workers were constantly reviewing the strategies and interventions used to try and reduce the episodes of absences. The inspectors saw evidence that these interventions were working in practice as the incidents were reducing for both young people.

Individual absent management plans were on file for the young people in the centre and were regularly reviewed.

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

#### **Managing behaviour**

The inspectors found clear evidence from interviews with the centre manager, social care staff and one of the young people that the team did not rely on consequences as a means of managing young people's behaviours. The centre realistically adapted a practice where the young people had some consequences for their behaviour and viewed this as a learning experience. Through interviews with staff the inspectors viewed the consequences applied to behaviours as appropriate, individual and fairly applied. The inspectors found evidence that the staff team rely on relationship building and good role modelling as the main influence on their practice.

The staff team assessed the challenging behaviour presented by young people and the underlying reasons for it were examined. Staff stated that behaviour management is dealt with through consultation with young people. Consultation forums included one-to one work with the young people's key workers, staff team and where appropriate individual counsellors. The staff team also utilised a number of plans to ensure the young people's behaviour was being managed such as, individual crisis management plans, individual absent management plans, risk assessments and placement plans. Through the young people's care files the inspectors found evidence that positive behaviours were rewarded and acknowledged.

The staff team were trained in a method of physical restraint that had been researched and was based on reputable practice. Training in the model was kept up to date which was a benefit to them in dealing with crisis situations and conflict.

The staff team were aware of the challenging behaviour presented by the young people and the possible reasons behind such behaviour. The inspectors found that there were a number of serious incidents of challenging behaviour exhibited by one young person with complex needs. The staff team focused on defusing situations before they got to crisis point but on a number of occasions incidents reached crisis point.

The management of the high risk incidents was made more difficult by the fact that a number of experienced staff were on sick leave or compassionate leave. A multi-disciplinary team, including the centre manager, reviewed the placement on a regular

basis in order to put behaviour management plans in place to make the placement sustainable but following a number of serious incidents and a number of professional meetings the placement was deemed no longer safe or viable and the young person was moved to a specialised centre.

The inspectors found that there were mitigating factors putting additional pressure on the staff team when trying to manage the young person's behaviours. However, the centre's ability of manage young people's challenging behaviour in the future should be closely monitored by the TUSLA Child and Family monitoring officer, centre senior management and the placing authorities to ensure the strategies put in place are effective in practice.

### **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's ability of manage young people's challenging behaviour should be closely monitored by the TUSLA Child and Family monitoring officer, centre senior management and the placing authorities to ensure the strategies put in place are effective in practice to ensure the strategies put in place are effective in practice.

## 3.7 Safeguarding and Child Protection

### **Standard**

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

### 3.7.1 Practices that met the required standard

#### **Safeguarding**

The inspectors found that the management and staff team had a good awareness of safeguarding practices. Staff cited communication between staff, the complaints procedure and the knowledge of staff and young people's whereabouts in the centre as good safeguarding practices. The inspectors found good oversight and monitoring of staff practices by the management team.

Incidents of unauthorised absence and missing from care in the period under review were high. The Inspectors found evidence that the staff team in consultation with the young people's social workers were regularly reviewing the strategies and interventions used in order to reduce the episodes of absences. The interventions were working in practice as the incidents were reducing for both young people.

The inspectors found a number of experienced staff allocated to the team when the centre opened in June were on sick leave or compassionate leave. This situation was outside the control of the centre manager, but it had implications on the consistency of the staff team. A number of the staff were inexperienced and lacked the level of clarity in relation to safeguarding practices that the more experienced staff would provide.

The situation was managed by the centre manager by increasing supervision, mentoring was provided by the centre manager and additional training for the more inexperienced staff. As previously noted a follow up visit took place six weeks following the onsite inspection visit to assess progress made and the inspectors found that the staff on leave had returned to work, the centre had returned to a position of stability and the staff team were now in a position that they could focus on providing consistent and informed care for the young people.

### **Standard**

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

#### **Child protection**

The inspectors found that the centre had written and agreed policies and procedures in relation to child protection. All of the staff team had received training in Children First. The staff team when interviewed was clear of the procedures to follow in the event a young person disclosed some form of abuse. The two social workers interviewed and the TUSLA Child and Family Agency monitoring officer were satisfied that the staff report any concerns to them promptly. The inspectors saw evidence where risk was escalated to the appropriate people within TUSLA by the monitoring officer. At the time of the follow on inspection this risk had abated as the young person was discharged to a placement designed to meet a complex young person's needs.

#### **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**

Education was valued by the management and staff team in the centre. Young people's educational needs were assessed by the placing social workers and the centre on admission and the inspectors found that purposeful effort was put in place to sustain school placements and where necessary re-engage young people in education. Young people also participated in a number of outside activities on a regular basis that were suitable to their individual needs. Records were kept of all school meetings and reports and assessments are stored in the young people's 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**

The inspectors reviewed the care records of the young people and good evidence was found that their health needs were being met. The young people were registered with G.P.'s and medical examinations were arranged as part of the admissions process. Inspectors found that the staff team was provided with ongoing training in health matters pertaining to their work such as first aid and suicide prevention. The centre manager and staff were confident that training opportunities would be made available where needed and where particularly beneficial to the young people in their care.

Risk assessments were devised prior to young people's admission that included the identification of health risks and health conditions. All medicinal products were stored safely and securely in a locked cabinet in the staff office and the Inspectors were satisfied that the administration of medicines was properly recorded. Each young person had their own individual medication log that two staff signed that they dispensed it. The inspectors advised that the condition for which the medication was being administered should be recorded on the dispensing form.

#### **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**

##### **Accommodation**

The centre was a very large comfortable house in a rural location. The house was relatively newly built and had been fitted with all necessary conveniences. It had a number of rooms the young people could utilise such a sitting room and a games/activities room. There was adequate space to accommodate family and social work visits in private. Each young person had their own bedroom and the staff team involved the young people when decorating the premises. The young people had access to a small garden area where outside activities could take place. Despite extensive amounts of damage carried out on the property, the house was decorated with pictures and paintings in an effort to create a bright and homely culture in the centre. A follow up visit took place six weeks following the onsite inspection visit to assess progress made and the inspector found that a significant amount of maintenance issues had been addressed and the centre was in a good state of repair.

The inspectors found the centre is appropriately insured and records of the insurance details were provided.

##### **Maintenance**

The centre had maintenance people who respond to requests for repairs. The centre also used outside contractors for specialist work such as boiler services. The inspectors found that despite extensive amounts of property damage carried out on the premises, the repairs were prompt and appropriate to ensure the safety of the young people and staff in the centre. At the time of the follow up inspection visit the inspector found that the centre was in good repair and all maintenance work was completed. Maintenance issues were promptly raised and recorded at handovers, discussed at house meetings and housekeeping took place regularly.

## **Safety**

The centre had an up to date health and safety statement. The centre manager was the health and safety officer for the centre and a social care worker was assigned the role of health and safety representative who carried out weekly health and safety/housekeeping audits of the service. As part of the audit each room in the centre was assessed to identify potential hazards and to record appropriate action to rectify them.

All staff received health and safety information as part of their induction. In the event of an accident first aid boxes were available in the centre. Staff ensured they are constantly fully supplied. All social care workers were first aid trained.

The centre manager found that safe food hygiene practices were undertaken in the centre where regular checks were put in place by the staff team. However, as previously stated the inspectors concluded that in order to optimise food safety practices HACCP (Food safety) training was required.

The inspectors carried out a safety audit of the centre and despite the property damage issues highlighted and being addressed by the centre manager during the first two visits, they did not find any outstanding issues during the follow up inspection visit.

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

#### **Fire Safety**

The inspectors observed that fire safety systems were in place in the centre such as fire blankets, fire extinguishers and fire alarm. All fire prevention equipment was recently checked by fire safety consultant and by the centre's health and safety representative. The staff carried out smoke alarm checks regularly to ensure they were working properly. The inspectors found that fire drills were regularly carried out and this was reflected in the centres records. Staff had completed fire safety training. The inspectors found that during the onsite inspection and follow up inspection the kitchen fire door was being held open by a chair which is not in accordance with fire safety practices. A magnet opener specifically for the purpose of holding fire doors open safely should be sourced.

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

None identified.

### **3.10.4 Regulation Based Requirements**

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

*-Part III, Article 8, Accommodation*

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

*-Part III, Article 15, Insurance*

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

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

#### **Required action**

- A magnet opener specifically for the purpose of holding fire doors open safely should be sourced or a management system put in place to ensure and check that the fire doors are consistently kept closed.

### 3. Action Plan

Standard	Required Action	Response	Inspectors Commentary
<p><b>3.2</b></p>	<p>A consistent and stable staff team should be maintained as a priority. This should be overseen by the TUSLA Child and Family Agency monitoring officer.</p> <p>Evidence should be on file that all staff are fully vetted in accordance with the required standard.</p>	<p>This remains ongoing; unfortunately there were significant changes in the staff team originally registered upon centre opening however there is a low level of staff turnover within the current team with one person on long term leave due to car crash unrelated to work and another on maternity leave. PCI will continue to provide external supports in terms of Psychologist input, team training and debrief days and Employee Assistance Programmes.</p> <p>We respectfully request this action refers specifically to Students on placement and not staff. We will ensure moving forward all college vetting placed on personnel file prior to any student taking up placement in unit.</p>	<p>Accepted.</p> <p>Agreed. Section of report amended to reflect issue was in relation to student vetting only.</p>

	<p>A nominated person on the team should get training in the requirements of the Freedom of Information Acts 1997 and Data Protection Act 2003.</p> <p>A nominated person on the team should get training in HACCP (Food safety) training.</p>	<p>Training continuing to be sourced. Awaiting response from two external companies and it will be aimed for this to be completed no later than February 2016.</p> <p>Training has been scheduled to occur on Tuesday 19th January at 10am and certificates will be evident on staff.</p>	<p>TUSLA monitoring officer to confirm completion of named training.</p>
<p><b>3.5</b></p>	<p>The social worker with responsibility for the young person in the centre should ensure an aftercare plan is devised in consultation with the young person and an aftercare worker is allocated as a priority.</p>	<p>Unit Manager and Key workers have implemented in house aftercare plan. Unit Manager has made a number of written requests for aftercare planning. Unit Manager will continue to work in house on this as matter of priority to the best of the team's ability. A Professionals meeting was attended on the 14th January in which we</p>	<p>TUSLA monitoring officer to confirm completion of aftercare plan.</p>

		<p>were informed that the person overseeing the newly developed aftercare team in this area was now on extended sick leave and as such there is no update. We have requested that the social work department submit a referral to focus Ireland in conjunction with this as we now have no timeline of an aftercare worker being provided. Further professionals meeting scheduled for 10th February to allow for update.</p>	
<p><b>3.6</b></p>	<p>The centres ability of manage young people’s challenging behaviour should be closely monitored by the TUSLA Child and Family monitoring officer, centre senior management and the placing authorities to ensure the strategies put in place are effective in practice.</p>	<p>All team members have undertaken a TCI refresher since inspection. These refreshers will be held more regularly moving forward in times of turbulence in unit. We will continue to engage the services of our Psychologist also to ensure adequate behaviour management techniques and supports are being implemented and reviewed. A further team day has been scheduled with Psychologist and TCI trainer for the 15th March 2016.</p>	<p>Agreed.</p>

<p><b>3.10</b></p>	<p>A magnet opener specifically for the purpose of holding fire doors open safely should be sourced or a management system put in place to ensure and check that the fire doors are consistently kept closed.</p>	<p>Following conversation between Inspector and Regional Manager, it has been agreed all fire doors within the unit will be kept closed at all times, they will not be held open with door stops / wedges etc. This will be implemented as a check on the Regional Managers monthly audit checklist.</p>	<p>Accepted. TUSLA monitoring officer to check all fire doors are kept closed during monitoring visits.</p>
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