



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Registration and Inspection Service

Children's Residential Centre

Centre ID number:	077
Year:	2016
Lead inspector:	Paschal McMahon

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Registration and Inspection Report

Inspection Year:	2016
Name of Organisation:	Solis MMC Children's Services
Registered Capacity:	Four young people
Dates of Inspection:	23rd February and 24th of February 2016
Registration Decision:	Registered from the 18th of July 2016 to the 18th of July 2019
Inspection Team:	Paschal McMahon John Laste
Date Report Issued:	21st of September 2016

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1. Foreword

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

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

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

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

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

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

1.2 Methodology

An application was duly made by the proprietors of this centre for continued registration on 8th of February 2016. This announced inspection took place on 23rd February and 24th February 2016 over a two day period and this report is based on a range of inspection techniques including:

- ◆ An examination of the centres application for registration
- ◆ An examination of pre-inspection questionnaire and related documentation completed by the Manager
- ◆ An examination of the questionnaires completed by:
 - a) The centre manager
 - b) Eight of the care staff
 - c) Two of the young people
 - d) Two of the social workers with responsibility for two of the young people residing in the centre.
 - e) A director of the organisation
- ◆ An examination of the most recent reports from the Monitoring Officer
- ◆ An inspection of the premises and grounds using an audit checklist devised by the Health and Safety and Fire and Safety officers of the former HSE.
- ◆ An examination of the centre's files and recording process.
- ◆ Interviews with relevant persons that were deemed by the inspection team as to having a bona fide interest in the operation of the centre including but not exclusively

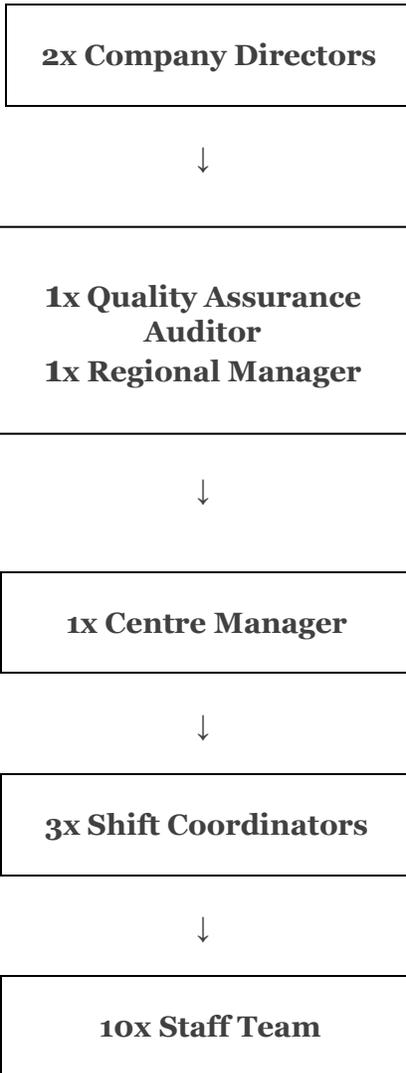
- a) The centre manager
- b) Four of the care staff
- c) The previous centre manager
- d) The organisation's regional manager
- e) Three young people
- f) Two of the allocated social workers
- g) The Guardian Ad Litem of one of the young people

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

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

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

1.2 Organisational Structure



2. Findings with regard to registration matters

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

The findings of this report and assessment of the submitted action plan on this date the 10th of June 2016 if implemented will deem the centre to be operating in adherence to regulatory frameworks and the National Standards for Children's Residential Centres. As such it is the decision of the Child and Family Agency to register this centre ID Number Residential Centre without attached conditions pursuant to Part VIII, Section's 61 (6) (A) (i) of the 1991 Child Care Act. **The period of registration being from the 18th of July 2016 to the 18th of July 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

None Identified.

3.1.2 Practices that met the required standard in some respect only

The centre had a written statement of purpose and function which stated that the centre provides medium/long term care for young people (boys and girls) aged between 13 – 18 years. The stated aim of the centre is to “provide a high quality standard of care that is responsive to the individual needs of young people, within a child centred, supportive and safe environment.”

The principles which inform practice in the centre are detailed in the purpose and function and include therapeutic relationships, strengths based approach, responding to individual needs and the provision of a safe environment and reflective practice. There were three residents in the centre at the time of the inspection. The inspectors found that admissions to the centre were in line with the statement of purpose and function.

The statement of purpose and function provided to the inspectors stated that it should be reviewed by the management and staff team in consultation with the directors on a three monthly basis which was not occurring in practice. The directors are responsible for keeping the statement up to date. Prior to the inspection the monitoring officer had made a recommendation that the centre review their statement of purpose and function to reflect the key policies that are in place to support staff in carrying out their duties.

The inspectors were informed at the time of inspection that a review of the statement of purpose was scheduled to take place.

The centre has a young person's booklet that describes life in the centre and provides information on house rules. The centre had a comprehensive written policy and procedure document and there was evidence that these policies were reviewed on an ongoing basis.

3.1.3 Practices that did not meet the required standard

None Identified.

Required Action

- The directors of the organisation must review the statement of purpose and function and ensure that it is reviewed at regular intervals.

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 manager of the centre was a suitably qualified and experienced social care professional and had been in post in an acting capacity for an eight month period at the time of the inspection. Prior to this the acting manager had been the deputy manager in the centre and also had a number of years' experience working in residential care settings in both the public and private sector. At the time of the inspection the centre had introduced a new staffing structure with the replacement of the deputy manager post with three shift co-coordinator posts. Inspectors were informed that this new shift coordinator role was put in place to provide the first layer of management, to guide and support the staff team. External line management was provided by the organisation's regional manager who had a social care background. The previous centre manager who has relocated to another of the organisations services has also had a role in the centre providing supervision and guidance to the current acting manager. The organisation had a quality assurance system in place and there was evidence that regular audits had taken place. There was good evidence that the external line managers were satisfying themselves that appropriate and suitable care practices were in place. The Inspectors found that the centre records were regularly reviewed and signed by the managers and that the regional manager was visiting the centre on a regular basis.

Register

The Centre Manager maintained a register of all those who live in the centre. The Inspectors were satisfied that the register complies with the Child Care (Placement of Children in Residential Care) Regulations, 1995, Part IV, Article 21. The admission and discharge details of the young people were properly recorded.

Supervision & support

The Inspectors examined the staff supervision records and were satisfied that the team had received regular formal supervision. Supervision is provided initially for new staff on a fortnightly basis and then on a monthly basis. The centre manager currently supervises all of the staff team. The Manager uses a template for supervision and there was an effective link between supervision and young people's placement plans. The inspectors found that the quality of supervision records were of a very high standard.

The plan going forward is for the manager to share the responsibility for supervision of the staff team with the newly appointed shift co-coordinators. The inspectors recommend that the shift co-coordinators are provided with adequate training in supervision prior to taking on this role.

The staff team were supported through shift handover meetings and fortnightly staff meetings. There was access to a counselling service for those staff members who have suffered stress or injury in the course of their work.

Administrative files

Inspectors viewed a range of administrative logs and records and found that the recording systems in the unit were of good quality, facilitated good communication and there was evidence of the Child and Family Agency monitoring officer and centre managers monitoring centre records regularly.

3.2.2 Practices that met the required standard in some respect only

Notification of Significant Events

The centre had a written policy relating to the notification of significant events. There were clear guidelines as to what constitutes a significant event. While significant events in general were promptly notified to appropriate external parties, there was a two month period in the period under review during which there was a delay in the notification of significant events while the manager was on leave.

This was highlighted in the Child and Family Agency's monitoring officer's report and confirmed by social workers the inspectors spoke with. Inspectors were informed by management that this delay in the reporting of significant events was formally reviewed and measures put in place to ensure this does not reoccur. Social workers are now initially notified of significant events by phone prior to receiving significant event reports. Social workers the inspectors spoke with confirmed that this was now the case.

Staffing

At the time of inspection the care team consisted of eight care staff, two night staff, and three shift co-coordinators alongside the centre manager. The shift coordinators were newly appointed following a review of the organisations management structures which resulted in the abolition of the deputy manager role and the introduction of three shift coordinator posts.

There had been significant changes to the staff team in the centre in the year prior to inspection. These changes coincided with the expansion of the service and resulted in the redeployment of three members of the staff team including the centre manager to a new service. In addition to this a number of staff resigned their posts during this period which in some instances resulted in staff shortages in the centre.

Inspectors are of the view that this led to a decline in standards and impacted on the care of the young people. This was reflected in two of the young people's records who

expressed frustration at the time in relation to staffing levels and how it was affecting their programme plans. The matter was also raised at a young people's house meeting four months prior to the inspection when another young person complained that activities had been cut short due to short staffing. The monitoring officer in their most recent report observed that the level of change within the staff team had an unsettling effect particularly on one young person. The inspectors concur with the monitoring officer's recommendation that the service directors should look at new ways of creating stability within the staff team to ensure a stable and secure environment for young people. The centre must also ensure that a core group of experienced staff are maintained in the centre when considering the redeployment of staff to other services. The regional manager when interviewed informed inspectors that the recent changes to the centre's management structure and the appointment of three experienced staff members in the shift coordinator role would provide greater stability going forward.

An inspector carried out an audit of staff personnel files and found that the staff team were all suitably qualified and properly vetted before taking up duties.

Training & development

The inspectors found that the organisation had an ongoing staff training programme. Recent training included Children's First, behaviour management and fire training .At the time of the inspection not all of the care staff team had completed training in First Aid and this must be addressed by the organisation

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 met 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

- The organisation must ensure that the shift coordinators are provided with adequate training in supervision prior to assuming responsibility for the supervision of staff.
- The centre management must ensure that all significant events are reported promptly to the Child and Family Agency in accordance with the standards.
- The organisation must ensure that the centre is adequately staffed at all times and has measures in place to address staff shortages.
- Senior management must ensure that a core group of experienced staff are maintained in the centre when considering the redeployment of staff to other services.
- Centre management must ensure that the remainder of staff complete First Aid training as soon as possible.

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 maintains regular contact with the Child and Family Agency Monitor and uses this service as a source of advice and support. The monitor visited the centre on two occasions in 2015. The monitor subsequently issued a detailed draft report based on their findings to centre management and other relevant parties including the Registration and Inspection Service. This report was issued subsequent to the onsite inspection in which the monitor identified a total of eight recommendations, some of which are also addressed in this report.

3.3.2 Practices that met the required standard in some respect only

None identified.

3.3.3 Practices that did not meet the required standard

None identified.

3.3.4 Regulation Based Requirements

The Child and Family Agency has 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

Access to information

The centre has a written policy on young people's access to information. Staff interviewed were aware of the young people's right to access information held on file. The young people interviewed understood their right to access information about themselves and were facilitated to do so by staff. There was evidence on file of young people being offered access to their records.

Information from EPIC (Empowering People in Care) was on display in the centre, and the inspectors observed that two young people had met with a representative from EPIC in the months prior to inspection.

Complaints

The Inspectors were satisfied that a complaints procedure was in place. The centre manager was irresponsible for overseeing all complaints. The young people who spoke to the inspectors were aware of the various options they could avail of if they wished to make a complaint, and stated that staff were receptive to the concerns they raised. Complaints raised in the period under review were in relation to staffing levels, and the theft of items from one of the young people's rooms. Two of the current resident's that spoke to the inspector had made complaints in the year prior to the inspection. They felt listened to and felt that the issues were resolved as best they could be.

3.4.2 Practices that met the required standard in some respect only

Consultation

Inspectors found evidence that the views of the young people are sought when decisions are being made that affect their daily life and routine. This was confirmed through interview with the three young people and staff team. The young people were involved with staff in developing their daily and weekly plans.

There was evidence that house meetings were scheduled to take place on a weekly basis. However, inspectors found that attendance at these meetings varied and in a number of instances the house meeting minutes recorded that all of the young people declined the opportunity to attend. The inspectors recommend the lack of participation in house meetings is reviewed and all three young people are encouraged to attend house meetings in an effort to promote positive engagement, group decisions and planning.

3.4.3 Practices that did not meet the required standard

None Identified.

3.4.4 Regulation Based Requirements

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

Required Action

- Centre management must ensure that the lack of participation in house meetings is reviewed and all young people are encouraged to attend house meetings in an effort to promote positive engagement, group decisions and planning.

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 placements and admissions

Referrals for the centre are received from the National Placement Team. The referrals are reviewed initially by the organisations regional manager before being sent to the centre manager for consideration. The manager considers the referral taking into account the centre's capacity to meet the young person's needs and the possible impact on the other residents using a risk assessment tool. The manager informed inspectors that their view is taken in to account should they deem the referral of a young person unsuitable to the centre.

Interviews with the allocated social workers for the two residents living in the centre at the time of inspection confirmed that the current placements were suitable and will meet the needs of the young people.

Contact with families

Inspectors found that the staff in the centre promoted and supported the young people's contact with parents, families and significant others where appropriate. Contact arrangements are individualised for each young person and are determined following consultation with the young person, their families, centre staff and the referring social work department.

Supervision & visiting of young people

Each young person had an allocated social worker. The inspectors found, through review of case files and interview with young people and external professionals that social workers visited young people regularly and met with them in private. This meant that young people had regular contact with an advocate external to the centre to whom they could confide any concerns they might have regarding aspects of their care. There was documentary evidence of regular phone contact to the centre by social workers to enquire about the young people and to provide relevant information to the centre. There was evidence that social worker's had read care files and daily logs occasionally in accordance with the standards.

Standard

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

3.5.2 Practices that met the required standard

Social Work Role

The supervising social workers interviewed by the inspectors were aware of their role and responsibilities. They had a good knowledge about the needs of the young people and were satisfied with the service provided to the young people. Social workers said they had a good relationship with the manager and staff team, and that the team were in regular contact with them. There were no issues about communication in general, other than the period referred to earlier in the report when there was a delay in the notification of significant events. One social worker expressed satisfaction that the young person he was responsible for was well cared for and had developed good relationships with staff in the centre particularly with their key worker who advocated on their behalf.

Emotional & specialist support

Inspectors found that staff presented with a good awareness of the emotional needs of the young people. Through the key worker role and centre policies and practices, young people were facilitated to meet those needs. The young people interviewed told inspectors that they felt comfortable to talk to their key workers or other staff members.

Young people had access to specialist supports though attendance at these by individuals has been inconsistent and staff must continue to actively promote such attendance. The centre engaged the services of an external senior psychologist to provide insight and guidance to the staff team in meeting the needs of the young people. The external psychologist is available for consultation by phone or e-mail with the centre manager and made occasional visits to the centre. Prior to the inspection the monitoring officer recommended that the service should review how specialist supports are provided to the wider staff team where they are required to work with young people who present with complex needs. In response to this a more robust system has been put in place with scheduled bi monthly visits to the centre by the external psychologist.

Children's case and care records

A secure individual care file was maintained for each young person at the centre. This file contained all of the required statutory information. The recording systems were well maintained and structured so as to ensure effective organisation, placement planning and decision-making. Individual key-work was recorded on the files. The Child and Family Agency monitor highlighted a number of deficits in the recording process in her most recent visit to the centre. Action has since been taken by the centre to address these issues by providing additional training in recording and report writing to the newly appointed shift coordinators.

Discharges

The centre aims to move people on from their care in a planned manner in consideration of the young person's stage of development and on consultation with all relevant parties. The five young people discharged in the period under review were all discharged in a planned manner.

3.5.3 Practices that met the required standard in some respect only

Statutory care planning and review

Two of the young people had up to date care plans at the time of the inspection. The third young person did not have an up to date care plan or review minutes on file despite a number of requests from the centre. The social work department must ensure that the written copy of the statutory care plan is forwarded to the centre within a timely manner to inform the young person's placement plan. There was evidence of consultation with and involvement of the young people in their reviews

Each young person had a placement plan which is reviewed on a regular basis. The placement plans identified goals for the young person, the action taken to achieve these and the progress the young person has made in the placement.

Preparation for leaving care

There was evidence that the two young people residing in the centre who were over sixteen years of age were both linked in with the aftercare services. There was evidence on the key-work records that care staff undertook specific educative programmes to assist the young people to develop independent living skills.

Inspectors were concerned that there was no clear written aftercare plan in place for one young person who had complex needs and was due to leave the centre in six months time. At the time of the inspection the centre was waiting on the outcome of an educational assessment. The inspectors were informed that a number of after care options were being considered for the young person and a proposal had been submitted to line management for funding. Inspectors were informed by the social worker, acting

centre manager and staff, of the current vulnerability of this young person, and the concerns they have for the young person once they reach their eighteenth birthday. The Child and Family Agency should ensure that a comprehensive aftercare assessment is undertaken for this young person and an aftercare plan is devised to support the young person in the transition to independent or semi-independent living.

3.5.4 Practices that did not meet the required standard

None identified.

3.5.5 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 1&2, Care Plans

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

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

-Part IV, Article 24, Visitation by Authorised Persons

-Part IV, Article 22, Case Files.

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

-Part III, Article 17, Records

-Part III, Article 9, Access Arrangements

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

Required Action

- The allocated social worker from the Child and Family agency must ensure that a copy of updated care planning documents and associated review minutes are forwarded to the centre in a timely manner.
- The Child and Family Agency must ensure that a comprehensive aftercare assessment is undertaken for one young person and an aftercare plan is devised to support the young person in the transition to independent or semi-independent living.

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 three young people in the centre are very much regarded as individuals by staff and are cared for accordingly and for the most part treated individually. They each had their own bedroom and are encouraged to decorate this to their own taste. The inspectors observed that the young people were cared for in a manner that takes account of their wishes. Staff are aware of the emotional needs of each young person and endeavour to support them where possible. The atmosphere in the centre was relaxed, and it was obvious to the Inspectors that the team treat young people as individuals. Young people in turn were observed to be respectful towards staff in their interactions with them.

Provision of food and cooking facilities

The inspectors observed that there were adequate quantities of nutritious and appetizing foodstuffs available at meal times, and the likes and dislikes of the young people were taken into consideration. Young people have easy access to foodstuffs and were encouraged to prepare meals of their choice.

Race, culture, religion, gender & disability

This inspection found that young people were offered the same opportunities as their peers and were not subject to any form of discrimination. The centre manager stated that

young people were encouraged and supported to practice their religion should they wish. The young people currently resident at the centre were from diverse backgrounds. The inspector found through case file review, observation and interviews with staff that there was a culture of respect and tolerance for diversity.

Managing behaviour

The centre had a written policy for responding to inappropriate behaviour. Each young person had an up-to-date individual crisis management plan (ICMP) which served as a risk assessment that guided staff in their response to crises. These were found to be of good quality.

There was a written policy on the use of sanctions. Prior to the inspection the monitoring officer had raised an issue in relation to sanctions recommending that the sanctions applied should be reviewed by the centre manager and there was evidence that this was taking place at the time of the inspection. The Inspectors also saw evidence that positive behaviours are encouraged and rewarded.

The centre has a written policy on bullying and peer abuse, and the staff members interviewed by the inspector were aware of the need to create a positive and safe environment for the residents of the centre. The monitoring officer confirmed that there was good evidence of positive outcomes for young people particularly in the area of behaviour management.

Restraint

There had been one restraint recorded during the period under review. The Inspectors were satisfied that an appropriate restraints policy was in place and that all restraints were recorded, and monitored by management. All staff team were trained in an approved behaviour management model and there was evidence of ongoing refresher training.

Absence without authority

In the twelve months prior to the inspection there had been 66 unauthorised absences involving 4 young people. The absences were appropriately notified to all relevant parties in accordance with the Children Missing from Care a joint protocol between an Garda Síochana and the Health Service Executive 2012. At the time of inspection there were a high number of absences without authority in relation to one young person. The inspectors found evidence that the social work department and centre management assessed the circumstances that lead to these absences and put effective safety plans in place to promote the best interests of the young people. Inspectors recommend that the centre continues to monitor the patterns of absences and develops strategies to reduce these.

3.6.2 Practices that met the required standard in some respect only

None identified.

3.6.3 Practices that did not meet the required standard

None identified.

3.6.4 Regulation Based Requirements

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

-Part III, Article 11, Religion

-Part III, Article 12, Provision of Food

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

3.7 Safeguarding and Child Protection

Standard

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

3.7.1 Practices that met the required standard

Safeguarding

The centre had child protection policies which were consistent with Children First: National Guidance for the Protection and Welfare of Children (2011). Knowledge and practice in child protection was good amongst staff interviewed. The young people interviewed by the inspectors said they felt safe, supported and encouraged by staff, and the supervising workers were clear about their roles responsibilities.

Young people have access to family members, carer's, Guardian ad Litem's, their social workers and EPIC had visited the centre. The monitoring officer had also met with the young people during their visits to the centre

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.

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

Child Protection

The centre manager is the designated person for reporting child protection and welfare concerns. The manager was clear about their role and responsibilities, and staff members interviewed by the inspector were also clear about their obligation to report any child protection concerns in accordance with Children First: National Guidance for the Protection and Welfare of Children 2011.

The inspectors viewed the child protection concerns made by the centre in relation to the young people in the year prior to inspection. Records examined by inspectors showed that these were reported appropriately. All of the reports made were found by inspectors to be responded to and safety measures were taken to promote the ongoing safety of the young people involved. Inspectors found that some of the records were not easily accessible and recommend that all information is filed in chronological order including the actions taken and outcomes.

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

None Identified.

3.8.2 Practices that met the required standard in some respect only

At the time of inspection only one of the three young people was attending an education placement. One of the young people's mainstream educational placements had broken down and efforts were being made to source a more specialised educational placement. The third young person who had complex needs was not engaged in formal education. The young person was participating in an educational / activity programme organised by the centre and an educational assessment was being undertaken in respect of the young person

While the centre appeared to be proactive in relation to resolving issues with children's educational placements, inspectors recommend that a formal plan needs to be put in place to ensure that young people have access to an appropriate educational /training programme and if a placement is not available or terminated that alternative options are considered.

3.8.3 Practices that did not meet the required standard

None Identified.

Required Action

- The centre must ensure that continued efforts are made to ensure all young people have access to appropriate education and training facilities.

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

This inspection found that the health needs of the young people were assessed and met and they were given information and support to make appropriate choices in relation to their health. The inspector reviewed the young people's care records and found that all the young people had a medical assessment on admission to care. Medical histories for the young people were on file. All medical visits are documented and consent forms were on file for all young people. The young people confirmed that they received medical, dental and other services as required and had access to a general practitioner.

All medicinal products are stored safely and securely in the staff office. The inspectors found that there were proper procedures in place for the administration of medicines, and that all medicines administered in the centre are properly recorded.

3.9.2 Practices that met the required standard in some respects only

None Identified.

3.9.3 Practices that did not meet the required standard

None Identified.

3.9.4 Regulation Based Requirements

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

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

3.10 Premises and Safety

Standard

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

3.10.1 Practices that met the required standard

Accommodation

The centre was a two storey building located in a rural setting. The house is detached and set in its own grounds with a large garden to the rear. Inspectors found that while overall the centre was in good structural repair certain areas of the house would have benefited from redecoration. The house is leased by the organisation and at the time of inspection the lease was due to expire. Inspectors were informed that an alternative property had been sourced and works were underway to modify this property to ensure compliance with the regulations and standards. Inspectors were informed that once these works were completed the plan was for the service to apply to the Registration and Inspection Service to have the centre relocated.

There were adequate cooking and laundry facilities and space for visits to take place. Young people have their own bedroom and they can decorate this to their own taste. The centre was adequately insured.

Maintenance and repairs

The centre uses the services of a maintenance person attached to the organisation that does routine maintenance work and carries out any repairs and external contactors are sourced when required. The inspectors reviewed the maintenance log and found that generally repairs were dealt with promptly.

Fire Safety

The centre provided written confirmation that the statutory requirements relating to fire safety and building control were complied with. The centre had a fire register which recorded that detection equipment and fire safety equipment was maintained and the necessary fire prevention and evacuation procedures were carried out. Inspectors found that there was regular evidence of fire drills taking place and all staff had received fire safety training in the previous 12 months.

The information in the fire register was difficult to access and some documents were not on file at the time of inspection. This information was subsequently forwarded to inspectors. The inspectors recommend that the fire register is reorganised to allow for easy access to information and all documentation in relation to fire compliance is maintained on one file.

3.10.2 Practices that met the required standard in some respect only

Safety

The centre had a health and safety statement which at the time of inspection needed to be updated. The responsibility for health and safety in the centre lies with the centre manager who is the designated onsite health and safety representative. The organisation also has a health and safety committee comprising of the health and safety officer, HR officer, quality assurance manager and occupational first aid officer who are scheduled to meet on a quarterly basis to monitor health and safety in the organisation's centres.

At the time of inspection the inspectors found that the acting manager had not received training in health and safety and there was no evidence of regular health and safety audits taking place. Inspectors also noted from the records in the period under review that the quarterly health and safety committee meetings had not taken place in accordance with the centre's policy. Inspectors would also recommend that the assigned health and safety representative receives training in HAACP (Hazard Analysis and Control Points).

3.10.3 Practices that did not meet the required standard

None Identified.

3.10.4 Regulation Based Requirements

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

-Part III, Article 8, Accommodation

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

-Part III, Article 15, Insurance

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

-Part III, Article 13, Fire Precautions.

Required Action

- The centre manager must ensure that the centre's health and safety statement is updated.
- The centre manager as the designated onsite health and safety representative must receive health and safety training.
- The centre manager must ensure that regular health and safety audits are carried out.
- The organisation must ensure that quarterly health and safety committee meetings take place in accordance with the organisations policy.
- The organisation must ensure that the assigned health and safety representative (centre manager) receives training in HAACP (Hazard Analysis and Control Points).

4. Action Plan

Standard	Issues Requiring Action	Response	Inspectors Commentary
3.1	The directors of the organisation must review the statement of purpose and function and ensure that it is reviewed at regular intervals.	The purpose and function was reviewed on the 10/03/16 and is due for review again on the 10/09/16.	The inspectors are satisfied with this response.
3.2	<p>The organisation must ensure that the shift coordinators' are provided with adequate training in supervision prior to assuming responsibility for the supervision of staff.</p> <p>The centre management must ensure that all significant events are reported promptly to the Child and Family Agency in accordance with the standards.</p>	<p>Shift co-ordinators mandatory training will include supervision for supervisors training. This will be completed prior to assuming any formal responsibility for staff supervision.</p> <p>All significant events will be notified in line with the national standards in a timely manner. Relevant parties will be notified by phone also prior to the issuance of the written reports.</p>	<p>The inspectors are satisfied with this response.</p> <p>The inspectors are satisfied with this response. The monitoring officer to keep this issue under review.</p>

	<p>The organisation must ensure that the centre is adequately staffed at all times and has measures in place to address staff shortages.</p> <p>The centre must ensure that a core group of experienced staff are maintained in the centre when considering the redeployment of staff to other services.</p> <p>Centre management must ensure that the remainder of staff complete First Aid training as soon as possible.</p>	<p>Relief capacity for the centre is constantly under development in order to address any sick leave / emergency absences.</p> <p>This is duly noted. Senior management will consider all aspects of core staffing when the need for redeployment arises.</p> <p>This has been completed. Staff members received training on the 24th and 25th of April 2016.</p>	<p>Response accepted; the monitoring officer to keep this issue under review.</p> <p>Response accepted; the monitoring officer to keep this issue under review.</p> <p>The inspectors are satisfied with this response.</p>
<p>3.4</p>	<p>Centre management must ensure that the lack of participation in house meetings is reviewed and all young people are encouraged to attend house meetings in an effort to promote positive engagement, group decisions and planning.</p>	<p>This has been reviewed and the meeting format has been changed. Every effort is made to encourage participation in house meetings. The young people's views and ideas are actively sought in an effort to improve engagement.</p>	<p>The inspectors are satisfied with this response.</p>

<p>3.5</p>	<p>The allocated social worker from the Child and Family agency must ensure that a copy of updated care planning documents and associated review minutes are forwarded to the centre in a timely manner.</p> <p>The Child and Family Agency must ensure that a comprehensive aftercare assessment is undertaken for one young person and an aftercare plan is devised to support the young person in the transition to independent or semi-independent living.</p>	<p>The centre has received the relevant documentation.</p> <p>A comprehensive aftercare assessment was undertaken and the social work department are actively working on an aftercare plan.</p>	<p>The inspectors are satisfied with this response.</p> <p>The inspectors are satisfied with this response.</p>
<p>3.8</p>	<p>The centre must ensure that continued efforts are made to ensure all young people have access to appropriate education and training facilities.</p>	<p>Efforts will continue to engage all young people in alternative forms of education if not involved in mainstream provision.</p>	<p>Response accepted; the monitoring officer to keep this issue under review.</p>

<p>3.10</p>	<p>The centre manager must ensure that the centre’s health and safety statement is updated.</p> <p>The centre manager as the designated onsite health and safety representative must receive health and safety training.</p> <p>The centre manager must ensure that regular health and safety audits are carried out.</p> <p>The organisation must ensure that quarterly health and safety committee meetings take place in accordance with the organisations policy.</p> <p>The organisation must ensure that the assigned health and safety representative (centre manager) receives training in HAACP.</p>	<p>This has been completed. The Health and Safety statement was reviewed on the 31st of March 2016.</p> <p>Training for health and safety representatives is in the process of being scheduled by the company</p> <p>This has now been incorporated into the shift co-ordinator's roles. Monthly health and safety audits are now being carried out.</p> <p>This recommendation has been referred to the health and safety committee.</p> <p>A Shift Coordinator has been appointed as the new health and safety representative and HAACP training is being scheduled.</p>	<p>The inspectors are satisfied with this response.</p>
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4. Addendum to report

Following the inspection of the centre in February 2016, the centre in consultation with the Registration and Inspection Service relocated to new premises.

The management and statement of purpose and function of this centre remains unchanged following the relocation and it operates under the organisations existing operational policies and care practices. All of the staff working in the centre have been relocated from the existing centre.

The Registration and Inspection Service taking these factors into consideration decided for the purposes of registration to inspect the new centre to assess its compliance with **Standard 10** of the *National Standards for Children’s Residential Centres (2001)* on “Premises and Safety”. Inspectors from the Registration and Inspection Service conducted two visits to the centre in June 2016 and are satisfied that the centre meets this standard.