



An Ghníomhaireacht um  
Leanaí agus an Teaghlach  
Child and Family Agency

## Registration and Inspection Service

### Children's Residential Centre

Centre ID number:	089
Year:	2016
Lead inspector:	Orla Griffin

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## Registration and Inspection Report

<b>Inspection Year:</b>	<b>2016</b>
<b>Name of Organisation:</b>	<b>The Cavan Centre</b>
<b>Registered Capacity:</b>	<b>Six young people</b>
<b>Dates of Inspection:</b>	<b>15<sup>th</sup>, 16<sup>th</sup> of September 2016</b>
<b>Registration Decision:</b>	<b>Registered without attached conditions from 30<sup>th</sup> September 2016 to 30<sup>th</sup> September 2019</b>
<b>Inspection Team:</b>	<b>Orla Griffin Jackie Roche</b>
<b>Date Report Issued:</b>	<b>17<sup>th</sup> February 2017</b>

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## 1. Foreword

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

## 1.1 Methodology

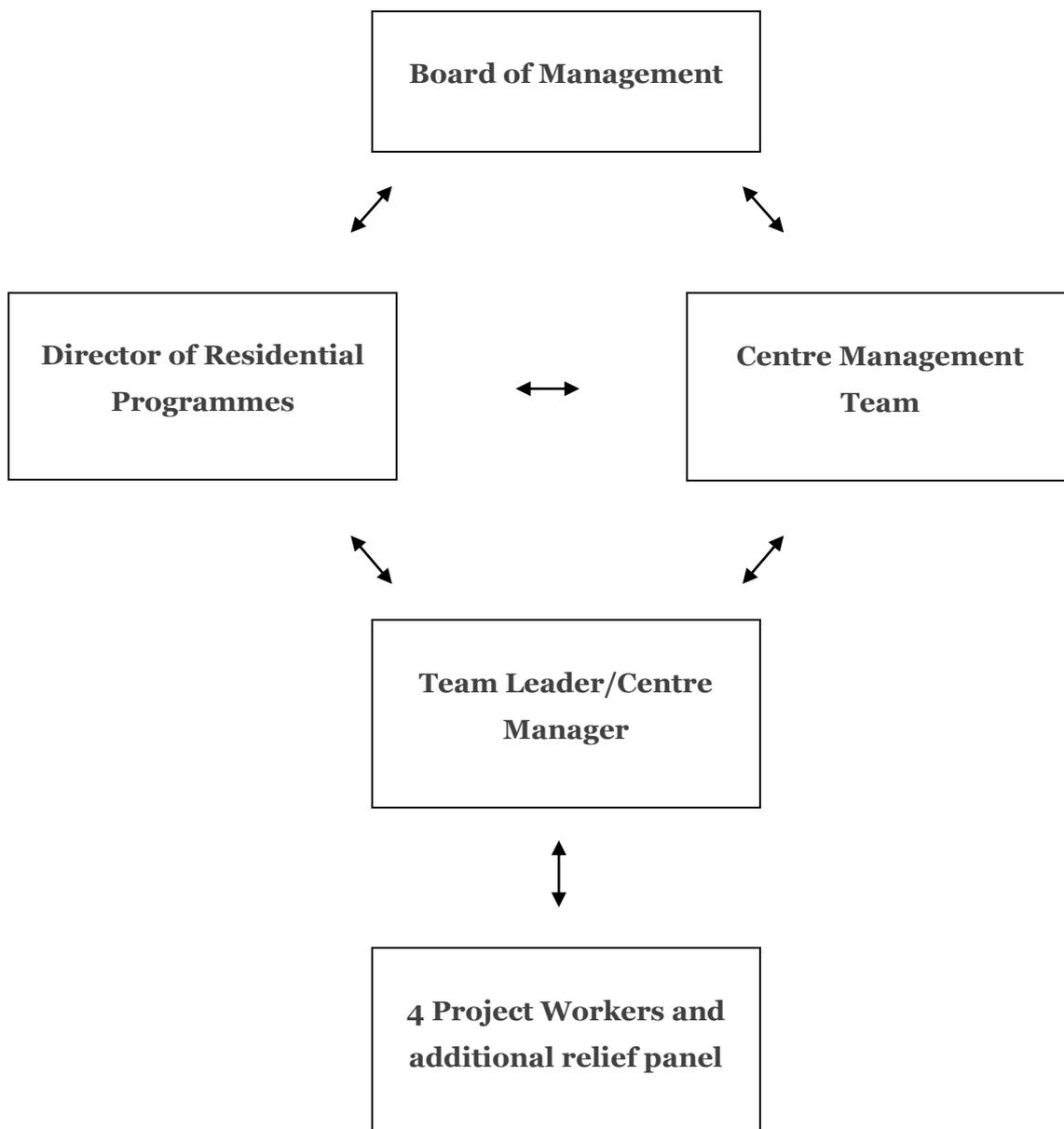
An application was duly made by the proprietors of this centre for continued registration on 31<sup>st</sup> of August 2016. This full inspection took place on 15<sup>th</sup> and 16<sup>th</sup> of September over a two day period and this report is based on a range of inspection techniques including:

- ◆ 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) Four of the care staff
  - b) The social worker with responsibility for a young person residing in the centre.
  - c) Centre management
  - d) Other professionals e.g. General Practitioner's and therapists.
- ◆ An inspection of the premises and grounds using an audit checklist devised by the Health and Safety and Fire and Safety officers of HSE on our behalf.
- ◆ An examination of the centre's files and recording process.
- ◆ Interviews with relevant persons that were deemed by the inspection team as to having a bona fide interest in the operation of the centre including but not exclusively
  - a) The centre management
  - b) Two staff
  - c) Four young people
  - d) 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 this date 21s January 2017 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 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 30<sup>th</sup> September 2016 to 30<sup>th</sup> September 2019.**

## 3. Analysis of Findings

### 3.1 Purpose and Function

#### ***Standard***

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

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

None identified.

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

The centre provides a residential education programme for young people, both male and female, from the ages of 16 to 20 years who are from a defined geographical area. Young people who entered the programme had been vulnerable and had limited opportunity to progress in their current circumstances. Young people required a commitment to participation in the programme that had been voluntary in nature. While the centre is registered to provide medium to long term placements for young people accepted on the programme the specific duration of the centre is individualised and flexible to the goals and progress of the young person. The centre has a registered capacity for six young people and this comprises of five long term placements and one assessment placement that takes place over a four week period.

The manager described the programme as a combination of vocational training, education, experiential learning and individual support work. The aim is to support young people to achieve positive outcomes both during the programme and following return to their community. The delivery of the programme values partnership with families and agencies involved in the care of the young people.

The centre operated with an experienced and stable staff team whom had a good working knowledge of the purpose and function of the centre and the policies and procedures governing its operation. Specific policies and procedures had been updated individually as deemed required on approval of the centre management team. However, a general review of the policies and procedures document is required to take place. Centre management must undertake a review of the centre's policies and procedures document and specific areas of this document for review are referenced in this report.

The staff team used various approaches to work with young people in a positive, supportive and consistent way. However a model of care that structures the approach and underpins practice in the centre had not been determined and this must be addressed by centre management. There are brochures that set out the purpose and delivery of the programme.

The centre had developed a programme specific handbook for young people, parents/guardians and referrers. However, the handbook was withdrawn by the centre in 2014 as it required review and development. Centre management shall make booklets available to young people that set out the nature of the placement as well as their rights and responsibility while on the programme.

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

None identified.

#### **Required Action**

- Centre management shall set out the programmes model of care and reflect this in the written statement of purpose and function.
- Centre management shall make booklets available to young people that set out the nature of the placement as well as their rights and responsibility while on the programme.

## **3.2 Management and Staffing**

### ***Standard***

The centre is effectively managed, and staff are organised to deliver the best possible care and protection for young people. There are appropriate external management and monitoring arrangements in place.

#### **3.2.1 Practices that met the required standard in full.**

##### **Register**

The register of young people had records of young people participating on the programme over the last three years who were aged both under and over 18 years. The register had been suitably maintained and contained all required admission and discharge information.

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

##### **Management**

The centre manager has extensive experience in youth work both within and external to the centre and has a diploma in higher education. The manager is onsite from Tuesday to Saturday to oversee the operation of the programme and is scheduled to complete two overnight shifts per four week cycle. The manager described the onsite presence and observation of staff practice as key to ensuring that suitable care practice and operational procedures are in place. Further to this, the manager routinely reviewed centre paperwork and registers, supervised the staff team and facilitated daily handover and team meetings.

External oversight is provided by the director of services who, in conjunction with the board of management, had oversight of multiple programmes operating on the grounds including a community employment programme, training courses, respite options for community adult and youth groups and respite stays for families, groups or individuals. The director of services had a range of responsibilities including governance, administration, budgets and liaison with organisations funding the programme. In overseeing this programme, the director of services reported supervision of the manager fortnightly, reviewed centre paperwork and operational matters through a shared network and had been regularly onsite at the centre and had responsibility as the on call manager. Inspectors observed that the director of services signs off on admissions paperwork and has a good knowledge of young

people on the programme. Management meetings had taken regularly with two other managers who operated programmes under the governance of the director of services.

Both the manager and director of services have reporting responsibility to the board of management on the operation of the programme on a regular basis. The manager completes a comprehensive three monthly plan in conjunction with the staff team in respect of operational matters for the service including the young people and their placement and progression. The plan is subject to evaluation and is submitted to both the director of services and board of management.

Both the manager and director of services both had good systems in place for the oversight of the centre. However, inspectors identified that there was a requirement for improved records and evidencing of this practice in some areas. For example, the director of services advised that centre paperwork had been reviewed through a shared server and the director's knowledge of the service had indicated this practice had taken place. However, records of this practice had not been maintained in terms of signing off on documents and feedback to the manager.

The manager reported that management meetings also take place regularly. The manager provided the agenda of management meetings to inspectors and minutes had been circulated post inspection.

With regards to the practice of supervision of the staff team, inspectors found that while a schedule of supervision had been maintained the record of the event had not. Centre management must ensure to adequately record and evidence all systems of oversight at the centre.

### **Notification of Significant Events**

The centre has a system in place for the prompt notification of significant events to relevant professionals for young people attending the programme aged under and over eighteen years. Significant events are notified to the monitor, the supervising social worker and the referral agent as appropriate to the care status of the young person in writing. Family members and the referral agent are informed verbally of incidents where it is appropriate to do so. Significant events had not been a regular occurrence at the centre. Inspectors reviewed some records and these had been to a good standard, notified promptly and to relevant parties.

A system had not been in place for admissions and discharges of young people under the age of eighteen years in statutory care to be notified to the Child and Family

Agency monitoring officer. Centre management must ensure that this is addressed without delay.

## **Staffing**

The service operates a stable staff team with a team leader/centre manager, four project workers and a dedicated relief panel. The programme operates with two staff on duty at all times including overnights. In addition to the core staff team, a local education board had funded a part time training officer and tutor to provide education modules to young people on the programme. Inspectors found the team to be experienced with qualifications and skills suitable to their role. Members of the team had been deployed to their areas of expertise including horticulture, maintenance and catering. The centre accepted students on work experience placements. Two students worked in the programme in the year prior to inspection and the manager confirmed that all students are vetted prior to commencing work. For the core staff team, examination of personnel files reflected that Garda vetting had been completed for staff prior to commencing work and at intervals every three years, and that references had been in place. Inspectors did not observe contracts and start dates for relief staff and this must be addressed by the manager.

Young people attending the programme had been complimentary of the approach of the staff team and the consistency of care offered. Inspectors found the staff team to be committed to supporting young people to achieve goals of their placement plan including their capacity to make positive choices to support their future. There was evidence that new staff received an induction.

The inspectors found that the restrictions in budget had direct effect on service delivery including reduction in staff hours and staff access to mandatory training due to lack of funding for relief cover. Staff did not have opportunities for incremental pay increases. It was a positive development that this reduction in staff hours had been partially reinstated at the time of inspection. The director of services identified that full restoration of hours for the staff team can be implemented pending funding provision. Inspectors found that this is required as activities with young people is often facilitated by one social care worker, due to the need to complete administrative tasks, and the full staff complement is required to reduced risk in this regard.

The requirement for relief cover is minimal given that most leave is fixed to periods when the centre is closed for holidays.

## **Supervision and support**

The centre has a written policy for staff support and supervision that sets out the nature and frequency of supervision to take place at the centre. The team leader has responsibility for supervision of the staff team. Every two weeks key workers on the team received supervision for one hour and other members of staff were supervised for thirty minutes. The manager informed inspectors that following the inspection supervision for all staff had been reinstated to one hour every two weeks. Inspectors had been unable to evaluate supervision qualitatively as no records had been maintained by the manager and this must be addressed without delay.

The manager is supervised by the director of services and described the sessions as challenging, supportive and focused on service improvement. Supervision takes place fortnightly from one to three hours. Inspectors had been provided with an agenda for supervision however records of discussion and outcomes had not been maintained. Given the stated findings, the director of services and centre manager must develop supervision files for supervisees that include a supervision contract and records of the supervision sessions that take place.

On review of handover and team meeting records, it was evident that the practice of weekly team meetings and daily handovers was embedded in the centre and were good forums to support communication among the staff team. On observation of the team meeting, there was a good level of participation from the staff team and a good knowledge of young people had been reflected. However, at times the meeting became fragmented due to multiple views and it was recommended to the manager to support members of the team to communicate more effectively during the meeting.

The manager advised that the response to staff members experiencing injury or stress in their line of work has developed following feedback from staff members. The manager identified that debriefing would be implemented into practice. At the time of inspection, records of debriefing had not been observed by inspectors. The manager is required to review the supervision policy to include the policy and procedure of debriefing for the staff team.

The service does not operate an external support service for staff that experience stress or injury in their line of work.

## **Administrative file**

At the time of inspection a local area service level agreement had been in process between the service and Tusla, the Child and Family Agency. Centre management had made significant efforts to maintain a quality service for young people in response to decreased funding for the project. Centre management recognised that further budget reduction would unavoidably impact on the quality service provision and may lead to a reduction in the current operation of the programme from Tuesday to Saturday each week.

As stated, the reduction in funding for the programme had led to a reduction in the number of hours that staff were employed and consequently on the service offered to young people. Young people contributed on a weekly basis for paid recreational activities and a budget was not in place to cover expenses for staff to engage in paid activities with young people. Given that a service level agreement had been in discussion at the time of inspection, centre management is required to inform the inspectorate whether funding arrangements have impacted on the capacity of management and staff team to maintain a quality service for young people.

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

#### **Training and development**

The manager and staff team accessed training through Tusla, the Child and Family Agency. Members of the staff team have completed training in fire safety and child protection. The manager report that restraint is not practiced in this centre. The mandatory training needs of the staff had not been fully met and the organisation does not have a dedicated training budget nor any other budget that extends to provide relief cover for staff attending training. The closure of the programme for staff to attend training had been considered by management but had not been pursued. There had been training made available to members of the staff team in the area of mental health that staff could attend in their own time. Training and development of the core staff team has been an ongoing issue in service provision that had been identified as requiring action in both the 2010 and 2013 inspection reports. Given the stated information, the director of services must identify the strategy that will be put in place for the mandatory training needs of the staff to be addressed and provide evidence of its implementation. Furthermore, it is recommended that the team can access training in the misuse of drugs and alcohol given that this has been an issue for young people attending the programme.

### **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**

- Centre management must undertake a review of the centre's policies and procedures document.
- Centre management must ensure to adequately record and evidence systems of oversight at the centre.
- Centre management must ensure that admissions and discharges of children in statutory care are notified to the Child and Family Agency monitoring officer.
- Centre management must ensure that relief staff contracts are completed and available on the personnel file.
- The director of services and centre manager must develop supervision files for supervisees that include a supervision contract and records of the supervision sessions that take place.
- The manager is required to review the supervision policy to include the policy and procedure of debriefing for the staff team.
- Centre management is required to inform the inspectorate whether funding arrangements have impacted on the capacity of management and staff team to maintain a quality service for young people.
- The director of services must identify the strategy that will be put in place for the mandatory training needs of the staff to be addressed and provide evidence of its implementation.

### 3.3 Monitoring

#### **Standard**

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

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

None identified.

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

The centre has a designated monitoring officer in the Child and Family Agency. The monitor reviews significant event notifications received from the centre on a regular and formal basis. The monitoring officer is responsible for reviewing that regulations are being complied with and to support best practice. The monitoring officer had been interviewed as part of the inspection process and reported that an unannounced visit to the centre had been attempted however; the centre had closed on the day in question as part of normal operational days from Tuesday to Saturday. The monitor reported being in contact with the manager subsequent to this visit to discuss service provision. However, a monitoring report has not been issued over the duration of the previous inspection cycle contrary to regulatory requirements.

As identified in the report, there had been an issue to be resolved between the monitor and the centre in terms of the notification of young people under eighteen years in statutory care attending the programme. The service director and manager reported that further involvement of the monitoring officer would be welcome as part of the focus on service improvement for young people.

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

None identified.

#### **3.3.4 Regulation Based Requirements**

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

## Required Action

- The Child and Family Agency monitoring service must ensure that adequate arrangements are in place for the monitoring of the service that includes the circulation of an annual report on the findings to relevant professionals.

### 3.4 Children's Rights

#### **Standard**

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

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

##### **Consultation**

Each of the four young people in placement participated in interview with inspectors. Inspectors found the practice of consultation with young people had been realised to a good standard. The manager and staff team valued the voice of the young people on the programme and actively included young people in decision making around their participation on the programme, their goals, and views on the day to day operation of the programme.

Weekly meetings take place between key workers and the young people. The particular role of the key worker in consultation had been recognised by young people who felt that their opinions had been sought and valued. There was evidence that the manager had taken onboard the views of young people, for example, the aspects of the programme had been reviewed and altered in response to the expressed wishes of a young person who had a strong interest in catering. There was good evidence of young people engaging in self reporting questionnaires and signing off on their individual logs.

The work of key workers had been structured by placement plans that were informed by the goals and objectives of the young people. Given the age group attending this programme, inspectors recommend that young people are encouraged to access or hold a copy of their placement plan.

##### **Complaints**

There is a written policy structuring the management of complaints for young people and their families that has clear timeframes structuring this process. Each individual attending the programme had a good understanding of their rights and right to make a complaint. Furthermore young people understood that the director of services would be available to them should they not wish to raise a complaint to the manager.

The staff team had a good understanding of the complaints policy. The manager reported that very few complaints had arisen in the service and that efforts were made by the team to resolve complaints through discussion. These informal complaints had been recorded in the daily log. The manager informed the inspectors that an advocacy service had been scheduled to visit the centre and meet with young people following the onsite inspection. Inspectors recommend that this practice continues to be promoted by centre management and the staff team. A young person on the programme had made a complaint and had been satisfied that it had been addressed by the staff team in a fair and timely manner.

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

#### **Access to information**

The centre has a written policy regarding young people's right to access their information. The policy recognised that young people can access records developed by the manager and staff working on the programme and other reports are by consent of the author. There was good practice in place whereby young people on the programme would review and sign off on individual work after the completion of each session. Young people interviewed had a good understanding of their right to access information.

Records by centre staff were non-judgmental and written in a style accessible for young people. Care files had been stored in a secure cabinet in the staff office. The policy does not distinguish between accessing records for those over and under eighteen years and this must be addressed by centre management and it is recommended that this takes place in consultation with a freedom of information officer. It is recommended that the revised access to information policy is included as part of the written young person's booklet.

### **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 revise the policy on access to information to distinguish between requests for those over and under eighteen years and it is recommended that this takes place in consultation with a freedom of information officer.

### 3.5 Planning for Children and Young People

#### ***Standard***

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

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

##### **Suitable placements and admissions**

Referrals to the programme are accepted from services including the Child and Family Agency, probation services and community youth programmes. Young people accepted onto the programme are generally from a defined geographical area and the programme is funded by this area's local budget. Referrals from outside the defined catchment area can be considered in special circumstances and by agreement of the director of services. The care records of the register of young people reviewed by inspectors evidenced that the criteria of young people commencing the programme had been in line with the statement of purpose and function.

The director of services signs off on young people who are deemed suitable for the programme prior to the placement commencing. After entering the programme an assessment phase takes place over a one month period that determines whether the individual continues on the programme. Substance misuse issues are not grounds for refusing a referral, however, young people must adhere to strict rules regarding the possession and use of substances on site to continue on the programme. Young people must demonstrate a willingness to engage and participate in the structured programme and associated rules to retain their place.

The register of young people demonstrated that 42 young people commenced the programme in the last three years. The duration of 17 of these placements had been under one month and the team leader reported that this represented young people who did not wish to complete the programme or were deemed unsuitable during the one month assessment period. The manager identified that this is under review in conjunction with the director of services in terms of ensuring that referral agents have a good working understanding of the programme to promote suitable referrals.

Inspectors recommend that this works take place to ensure that the limited resources are used effectively.

Of the remaining 25 placements, nine young people had stayed for a period of six months or longer. The manager reported that placements were individualised to the needs of the young people who may leave the project prior to six months to pursue opportunities such as work experience placements. The current group of young people had been in placement for over four months.

Inspectors found that the staff made good efforts to link with young people following discharge from the centre. However, a long term reflection of the outcomes for young people attending the programme to inform learning about the impact and effectiveness of the programme had not been in place. Inspectors recommend that the centre management implements systems to gather information about the effectiveness of the programme on long term outcomes young people to inform service provision.

Young people who met with the inspectors were clear about the purpose of their placements and goals they wished to achieve. There was a process in place whereby key workers would work through centre policies and procedures, sanctions and objectives of the placements shortly after admission through individual work. Young people were also complimentary of the support from both the staff and their peers on admission. There was evidence that where a young person's behaviour and attitude impacted on their own and others engagement with the programme an emergency review had been convened to set out the matters that had to be addressed to continue in the programme. The warning and requirements are set out in writing and encouraging for young people to work with staff and remain on the programme.

There is a system in place for the review of placements on a three monthly basis to oversee the progress of the placement. Young people advised that they would not hesitate to recommend the programme to peers.

### **Contact with Families**

Young people participating in the programme arrive onsite on Tuesday and return to their communities on Saturday afternoon. There are also scheduled breaks in the programme including a two week break during the Christmas period.

Budgetary restrictions and reduction of staff working hours restricted the capacity of staff to carry out home visits to families and this had been taking place every two

months. Staff reported their view that contact with families had a positive effect on outcomes for young people and would be eager for more regular visits to families to be restored.

The families and significant people in the lives of young people participating in the programme had been invited to attend the centre for a family day that took place prior to the inspection. The staff demonstrated a good understanding that the event brought up mixed feelings for some young people regarding their family circumstances and had offered additional support in response. Overall, the young people had reported it to have been a very positive experience and a good connection point for their families to see what takes place on the programme. The staff team maintained records of contact with families.

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

#### **Social Work Role**

##### ***Standard***

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

A young person in placement was in statutory care and had been in the placement for over four months at the time of inspection. The referral form had been completed by the young person's residential placement and had not been signed off by a Child and Family Agency social worker despite the statutory responsibility for placing social work department. The manager reported that the young person did not have an allocated social worker until the week prior to inspection and this was confirmed in interview with the recently allocated social worker.

The young person did not have a statutory care plan that considered participation on the programme. Inspectors learned that the young person had a statutory care plan review prior to beginning the programme pertaining to the young person's residential placement. The statutory care plan had not been received by the centre of the young person despite a significant period of time passing. The Child and Family Agency social worker must ensure that the centre and the young person receive a copy of the statutory care plan without further delay.

The young person had been visited by their recently allocated supervising Child and Family Agency social worker in the placement and in private. The social worker had positive feedback on the service provided, had been satisfied that the placement had been suitable to the needs of the young person and had been complimentary of the support structures in place for the young person to achieve a high participation rate in the programme. The social worker had been in contact with the key worker and provided with regular verbal reports.

### **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 24, Visitation by Authorised Persons***

#### **Required Action**

- The Child and Family Agency social worker must review the young person's referral to the service, ensure details are accurate and in full and sign the necessary documents to consent to the placement on the programme.
- The Child and Family Agency principal social worker must ensure that the young person continues to be allocated a social worker while in statutory care.
- The Child and Family Agency social worker must ensure that the centre and the young person receive a copy of the statutory care plan without further delay.

## 3.6 Care of Young People

### **Standard**

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

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

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

The staff team developed individualised placement plans for young people that had drawn from referral information, consultation with young people and professionals and staff views about the needs of the young people. The plan contained a section on drug and alcohol misuse that had been informed by a self assessment tool completed by the young people. The placement plan was considered a range of areas including education, independent living skills, physical and mental health, emotional and behaviour development and alcohol and drug misuse. Inspectors recommend that further detail is added to how the young person is to be supported in achieving the goals set out in the placement plan.

The plan set out realistic goals that were achievable within the remit of the programme. Each individual on the programme had an assigned key worker with whom they met with for one hour per week. Some young people described their key worker as someone who was helpful and available to discuss and make plans. There was good evidence that the staff team supported development of self care skills, positive behaviour and life skills all contributory factors to positive outcomes for young people. Young people reflected positively on their self development since commencing the programme that included being better able to manage their behaviour, managing a structured routine, improving cooking skills and learning food hygiene.

The programme includes evening activities that young people have a say in and contribute €20 per week towards.

### **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.

### 3.7 Safeguarding and Child Protection

#### **Standard**

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

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

None identified.

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

#### **Safeguarding**

There is a written policy specific to providing a safe environment references child protection policy, the lone working policy and professional boundaries as well as other safeguarding practices. There are a combination of approaches taken by the centre that support the provision of a safe living environment including appropriate vetting and supervision of the staff team, young people's knowledge of their rights and systems for complaint and allegations. In terms of the environment there are buzzers on external doors to alert staff to young people leaving the centre. The centre operates a strict policy that young people are not to enter into relationships with others on the programme.

The centre is located within a wider campus where other programmes operate under the governance of the services director. The services director reported that there are systems in place for vetting groups accessing the service and the information is held centrally in the main staff office. The staff team reported an awareness of groups on site and had been satisfied that the high level of supervision of young people had been a key safeguarding approach in this respect.

While there is two staff on duty at all times, in the evening one completes administrative work while the other staff member engages young people in an activity. At the time of inspection this left a ratio of one staff to four young people, with staffing levels unchanged when the centre operates at the registered capacity of six. Should an issue arise another staff member is on site to assist. Inspectors require that, for offsite activities, risk assessments are conducted for and the staff ratio carefully considered in evaluating whether potential or known risks can be safely managed.

The manager reported that risk assessments on referral had not been conducted on a routine basis but rather in response to specific needs. Young had routinely completed a self assessment form regarding substance and alcohol misuse that informed the team of potential risk to the health and welfare of the young person. However, collective risk assessments in conjunction with the referral agency and young people at pre-admission stage that considered the impact of young people on each other had not taken place as standard practice. This assessment should also considered that an internal alarm system is not in place and a waking night is not operational. Inspectors recommend that an internal alarm system is put in place as a practical safeguarding tool.

The team did not have up to date training in the practice of restraint and the manager confirmed that restraint is not used in the centre.

## **Child Protection**

### ***Standard***

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

The staff team received training in the national guidance document for the protection and welfare of children 'Children First' in 2011 and the manager completed refresher training in 2015. The review of the care file and child protection register reflected that child protection issues have not arisen at the centre. Members of the staff team interviewed had a good understanding of how to manage disclosures and allegations from young people. However, the protocol of responding to allegations against staff members had not been as clear and inspectors and the centre manager must ensure that this is revised with the staff team.

An issue of bullying between two young people had been brought to the attention of the manager. Inspectors were satisfied that the matter had been addressed in a structured and serious manner that had also been sensitive to the young person raising the issue. The young person had discussed hesitation in raising the matter but felt that the matter had been managed very well by the manager and team and there was a positive outcome.

While a range of policies and procedures had been submitted to the inspectorate the policy specific to child protection had not. The manager must submit the written policy on child protection the inspectorate.

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

None identified.

#### **Required Action**

- The manager must ensure that risk assessments are conducted and evaluate whether potential or known risks can be safely managed for offsite activities with consideration for the staff ratio.
- The manager must ensure to undertake collective risk assessments in conjunction with the referral agency and young people at pre-admission stage that consider the impact of young people on each other and whether risk can be safely managed by the team.
- The manager must ensure that the policy on managing allegations against staff members is revised with the staff team.
- The manager must submit the written policy on child protection the inspectorate.

## 3.8 Education

### **Standard**

All young people have a right to education. Supervising social workers and centre management ensure each young person in the centre has access to appropriate educational facilities.

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

Some young people, who had histories of poor engagement or recurrent drop out from educational placements, had achieved high levels of participation on the programme. Each young person interviewed had clear aims and objectives for their placements as well as further training and courses they wished to pursue to strengthen their pathway to employment in the future. Staff had a good knowledge of what young people wished to achieve from the centre and young people felt supported by the team.

The daily routine at the centre had been highly structured and included vocational work and education programmes. A supplementary member of the staff team had been funded by a local education initiative and provided classes to the young people onsite. The tracking of the provision of education and young people's completion of modules had been thoroughly set out in the programmes three monthly plan overseen by the board of management and director of services. Inspectors saw evidence of very positive opportunities being offered to young people where work ethic and skills were developed through the education, vocational learning and experiential learning as set out in the centre's purpose and function. Young people participated in modules including writing, computers, catering, maintenance and horticulture. Other programmes are delivered including drug awareness and sex education.

The programme is holistic and aims to equip young people with life skills for adulthood and to develop a skill set for future employment and this had been evidenced through the care files maintained for young people and in the course of interview with young people, management and staff. Life skills are added to the programme through individual work carried out by key workers, and pro-social modeling from the staff team. Young people take onboard chores including washing their own clothes, cooking for themselves and maintaining surrounding gardens.

Each young person on the programme had been achieving high participation rates in the programme. The manager and director had good oversight of these figures and

there was evidence that a reduction in participation resulted in a response from the manager to resolve this issue.

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

None identified.

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

None identified.

## 3.9 Health

### **Standard**

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

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

The centre has a designated local GP to attend to the health needs of young people participating in the programme. Information about the health needs of young people had been collected as part of the admissions process and stored on file. The inspectors gathered evidence that the staff team had been observant and responsive to the health needs of young people and these needs were discussed in team meetings and daily handovers. The review of significant event records in the centre demonstrated that staff responded promptly and appropriately to instances where young people had become unwell and included the use of first aid techniques as well as obtaining medical assistance.

Young people had access to a range of healthy food options and participated in the preparation of healthy meals as part of the catering course. Physical health was promoted through a range of activities available to young people in the evening included a well equipped onsite gym. There was evidence that key workers attended to health education with young people in the areas of diet, exercise, alcohol and drug misuse and sex education. Young people with alcohol and substance misuse issues had been encouraged to access specialist services.

Given the nature of the programme, other health needs of young people are generally addressed in their local area.

#### **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.

### **3.10 Premises and Safety**

#### ***Standard***

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

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

##### **Accommodation**

The centre is situated as part of a larger campus where other programmes that are operated by the organisation take place onsite. The young people attending the programme stay on site Tuesday to Saturday in a centre with its own designated facilities including recreational area, kitchen, wash facilities and bedrooms in a two storey accommodation. Young people have access to a large kitchen where they engage in the catering programme and eat meals during the day.

Inspectors observed that the property is well maintained and the manager reported few incidences of property damage. Structurally changes had taken place with the removal of an upstairs bathroom to accommodate a fire exit following recommendation from the fire safety officer. Subsequent to the inspection the director of services submitted plans to the inspectorate outlining the development of an upstairs bathroom.

The introduction of the fire exit changed the sleeping arrangements from six individual rooms to four individual rooms and a shared room. The team leader recognised that it is a requirement for children in statutory care to have their own bedroom. The manager identified that should six young people be attending the programme the use of the shared bedroom would be for those over 18yrs and in consultation. The team leader submitted a certificate of insurance covering employer and public liability for the project. There is an onsite gym and a range of recreational options to cater to the young people's physical health and social needs.

## **Maintenance and repairs**

Maintenance and repairs are logged by the staff team in a maintenance book. The building and surrounding grounds appeared to be well maintained when observed by inspectors. Maintenance issues are addressed by the staff team and there is a maintenance team onsite at the centre to tackle more complex matters.

## **Fire safety**

The centre had a written policy governing fire safety in the centre. All staff have completed fire safety training. The manager submitted documentation confirming that the building had a current certificate of compliance with the relevant fire and building regulations. Fire safety equipment, for both the detection and the management of fire, had been visible throughout the centre and included smoke alarms, fire blankets and extinguishers specific to the materials of the area they had been located. Record of testing of fire alarm and detection systems had demonstrated quarterly checks had been conducted by an external fire safety system company.

There was evidence of routine weekly fire safety checks in place at the centre that included the alarms, fire exits, extinguishers and lighting. Fire drills had been conducted on a monthly basis in the centre.

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

#### **Safety**

The manager submitted a copy of the most recent annual report by the service which contained a health and safety report. Health and safety is reviewed routinely as part of the weekly team meeting. A member of the staff team has a designated responsibility as health and safety officer. In the catering kitchen, food safety is managed by a staff member with training in food safety and hygiene and this knowledge is shared with young people during catering modules. First aid kits were observed to be available in both the kitchen and the staff office. Risk assessments took place for a range of activities in the programme including travel in the mini bus, use of kitchen and fire evacuation.

Inspectors reviewed records of routine health and safety audits that take place in the centre. While the records were good, there were some aspects of safety that should have been identified and addressed such as a broken medicine cabinet (fixed while inspectors were onsite), the placement of vehicle keys outside of locked cabinets in

the staff office and the absence of labeling on food in the centre freezer. The manager must review the health and safety audit to ensure that the document includes security of medicines, vehicle keys and food safety.

The records of the administration of medication had been routinely signed by the young person but didn't show evidence of two staff consistently signing off on records. The manager must oversee that suitable safeguarding measures are in place regarding the storage and administration of medication to young people on the programme.

Inspectors noted that a smoking area outside had been adjacent to the kitchen in the centre. The designated smoking area for staff, including the use of e-cigarettes, must be away from the view of young people and not obstruct healthy ventilation in cooking and sleeping areas.

While all staff had completed a course in first aid, for four staff members the certificate had expired. As stated in this report, the mandatory training needs of the staff team, including first aid, must be addressed.

### **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

- The manager must review the health and safety audit to ensure that the document includes storage of medicines, vehicle keys and food safety.
- The manager must oversee that suitable safeguarding measures are in place regarding the storage and administration of medication to young people on the programme.
- The designated smoking area for staff, including the use of e-cigarettes, must be away from the view of young people and not obstruct healthy ventilation in cooking and sleeping areas.

## 4. Action Plan

Standard	Issues Requiring Action	Response	Inspectors Commentary
<p><b>3.1</b></p>	<p>Centre management must undertake a review of the centre's policies and procedures document.</p> <p>Centre management shall set out the programmes model of care and reflect this in the written statement of purpose and function.</p>	<p>The manager will review the centre's policies and procedures document with particular attention to policies which have not been updated within the last three years. Any policies or procedures which are considered to require updating will be brought to the Management Team for review and, if necessary, revision in the normal way. Completion date: March 2017</p> <p>The manager will amend the statement of purpose and function to reflect the programmes model of care and to include an explicit statement of the model. Completion date: April 2017</p>	<p>Inspectors are satisfied that the stated actions will address this issue.</p> <p>Inspectors are satisfied that the stated action will address this issue.</p>

	<p>Centre management shall make booklets available to young people that set out the nature of the placement as well as their rights and responsibility while on the programme.</p>	<p>The key workers will produce a new draft handbook for young people and parents. Completion date: March 2017</p> <p>The manager will review, amend and approve, after which the handbook will be made available to all young people on the Programme and their parents and/or carers. Completion date: March 2017</p>	<p>Inspectors are satisfied that the stated actions will address this issue.</p>
<p><b>3.2</b></p>	<p>Centre management must ensure to adequately record and evidence systems of oversight at the centre.</p> <p>Centre management must ensure that admissions and discharges of children in statutory care are notified to the Child and Family Agency monitoring officer.</p> <p>Centre management must ensure that relief staff contracts are completed and available on the personnel file.</p>	<p>The director and manager will sign off on all computerised and paper records for which they have oversight. Completion date: January 2017</p> <p>All admissions and discharges will be notified to the Child and Family Agency Monitoring Officer by the manager. Completion date: January 2017</p> <p>Centre management will ensure that a job description and employment conditions are on the personnel files of all relief staff. Completion date: January 2017</p>	<p>Inspectors are satisfied that the stated action will address this issue.</p> <p>Inspectors are satisfied that the stated action will address this issue.</p> <p>Inspectors are satisfied that the stated action will address this issue.</p>

	<p>The director of services and centre manager must develop supervision files for supervisees that include a supervision contract and records of the supervision sessions that take place.</p> <p>The manager is required to review the supervision policy to include the policy and procedure of debriefing for the staff team.</p> <p>Centre management is required to inform the inspectorate whether funding arrangements have impacted on the capacity of management and staff team to maintain a quality service for young people.</p>	<p>Supervision sessions are now recorded and filed. Completion date: January 2017</p> <p>The manager will investigate a suitable format for a supervision contract and introduce same. Completion date: March 2017</p> <p>The policy and procedure for de-briefing staff individually or collectively following significant incidents or other events which may have caused concern, distress or harm to staff will be drafted by the manager and submitted to the management team for consideration. Completion date: February 2017</p> <p>The programme has experienced substantial cuts to funding over the last seven years that impacted on the delivery of the programme. Requests have been made to the Child and Family Agency area manager for the restoration of the funding. The service recognises that further budget cuts imposed in 2017 would lead the board of management having to consider the viability of the programme. The manager submitted a copy of correspondence to Tusla</p>	<p>Inspectors are satisfied that the actions stated will address the issue.</p> <p>Inspectors are satisfied that the actions stated will address the issue.</p> <p>The inspectors are satisfied with this response.</p>
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	<p>The director of services must identify the strategy that will be put in place for the mandatory training needs of the staff to be addressed and provide evidence of its implementation.</p>	<p>providing insight to the impact of the cuts over the years. The response to the 2017 budget submitted to the Child and Family Agency is pending. This requests the restoration of funding to an adequate level. Completion date: January 2017</p> <p>Centre management will strive to meet the mandatory training requirement of all staff but delivery will be dependent on the availability of funding. We are in a position to provide some training in-house which is delivered by qualified members of other staff team e.g. Manual Handling and First Aid. It poses a difficulty when training necessitates staff to be off site as relief staff are required and the available budget does not stretch to relief cover for training purposes. Our only option in such circumstances would be to close the programme and we do not believe this is in the best interest of the young people in our care. We do and will continue to strive to implement best practice. Completion Date for training plan is subject to notification of budget for 2017 from Tusla.</p>	<p>Inspectors are satisfied with this response.</p>
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<p><b>3.3</b></p>	<p>The Child and Family Agency monitoring service must ensure that adequate arrangements are in place for the monitoring of the service that includes the circulation of an annual report on the findings to relevant professionals.</p>	<p>The Child and Family Agency registration, inspection and monitoring service has reviewed the monitoring and inspection processes. The service will ensure that arrangements are in place for services to be inspected more frequently with the circulation of an inspection report to relevant professionals.</p>	<p>Inspectors are satisfied with this response.</p>
<p><b>3.4</b></p>	<p>Centre management must revise the policy on access to information to distinguish between requests for those over and under eighteen years and it is recommended that this takes place in consultation with a freedom of information officer.</p>	<p>The manager will consult with a freedom of information officer and draw up a draft policy to be submitted to the Management Team for consideration. Completion date: March 2017</p>	<p>Inspectors are satisfied with this response.</p>
<p><b>3.5</b></p>	<p>The Child and Family Agency social worker must review the young person's referral to the service, ensure details are accurate and in full and sign the</p>	<p>The Child and Family Agency principal social worker with responsibility for this young person responded that this action was to be completed by 28<sup>th</sup> February 2017.</p>	<p>Inspectors are satisfied with this response.</p>

	<p>necessary documents to consent to the placement on the programme.</p> <p>The Child and Family Agency principal social worker must ensure that the young person continues to be allocated a social worker while in statutory care.</p> <p>The Child and Family Agency social worker must ensure that the centre and the young person receive a copy of the statutory care plan without further delay.</p>	<p>The Child and Family Agency principal social worker responded to confirm that the young person will continue to have an allocated social worker while in statutory care.</p> <p>The Child and Family Agency principal social worker with responsibility for this young person confirmed that the statutory care plan had been circulated to the centre and provided to the young person.</p>	<p>Inspectors are satisfied with this response.</p> <p>Inspectors are satisfied with this response.</p>
<p><b>3.7</b></p>	<p>The manager must ensure that risk assessments are conducted and evaluate whether potential or known risks can be safely managed for offsite activities with consideration for the staff ratio.</p>	<p>The manager will identify any additional areas in which risk assessments are required including the risk assessment of off-site activities.</p> <p>Completion date: March 2017</p>	<p>Inspectors are satisfied that the action stated will address the issue.</p>

	<p>The manager must ensure to undertake collective risk assessments in conjunction with the referral agency and young people at pre-admission stage that consider the impact of young people on each other and whether risk can be safely managed by the team.</p> <p>The manager must ensure that the policy on managing allegations against staff members is revised with the staff team.</p> <p>The manager must submit the written policy on child protection the inspectorate.</p>	<p>The current practice of collective risk assessments at pre-admission stage will be extended to all young people rather than just those known to pose a specific risk. Completion date: January 2017</p> <p>The policy on managing allegations against staff members will be reviewed with the staff team at a team meeting in February.</p> <p>The written policy on child protection has been submitted to the Registration and Inspection Service.</p>	<p>Inspectors are satisfied with this response.</p> <p>Inspectors are satisfied with this response.</p> <p>Inspectors are satisfied with this response.</p>
<p><b>3.10</b></p>	<p>The manager must review the health and safety audit to ensure that the document includes storage of medicines, vehicle keys and food safety.</p>	<p>The manager will review the health and safety audit to cover these issues. The inspector's concerns on these issues will be relayed to all staff and to the management team. The risk assessments and policies pertaining to these issues will be amended where necessary.</p>	<p>Inspectors are satisfied with this response.</p>

	<p>The manager must oversee that suitable safeguarding measures are in place regarding the storage and administration of medication to young people on the programme.</p> <p>The designated smoking area for staff, including the use of e-cigarettes, must be away from the view of young people and not obstruct healthy ventilation in cooking and sleeping areas.</p>	<p>Completion date: February 2017</p> <p>The current practice is adequate if followed rigorously by staff. The inspector's concerns have been relayed to the staff team and practice has improved to the required standard.</p> <p>Completion date: January 2017</p> <p>Staff and young people have been directed to comply at all times with the centre's policy on smoking only in designated areas. The staff team have been directed not to smoke in view of the young people. Completion date: January 2017</p>	<p>Inspectors are satisfied with this response.</p> <p>Inspectors are satisfied with this response.</p>
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