



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Registration and Inspection Service

Children's Residential Centre

Centre ID number:	113
Year:	2016
Lead inspector:	Lorna Wogan

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Registration and Inspection Report

Inspection Year:	2016
Name of Organisation:	Positive Care Ireland Ltd
Registered Capacity:	Two young people
Dates of Inspection:	26th and 27th May 2016
Registration Decision:	Registered from 11th January 2016 to 11th January 2019
Inspection Team:	Lorna Wogan Noreen Bourke
Date Report Issued:	5th November 2016

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1. Foreword

The National Registration and Inspection Office of the Child and Family Agency is a component of the Quality Assurance Directorate. The inspectorate was originally established in 1998 under the former Health Boards was created under legislation purveyed by the 1991 Child Care Act, to 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 proprietor of this centre for registration in January 2016. Registration was granted from January 11th 2016, for a period of one year, to January 11th 2017 pending an inspection of the centre within three months of commencement of operations. There were no conditions attached to this registration. The registration inspection was undertaken under Section 69 of the Child Care Act 1991. The announced inspection took place over a two day period on 26th and 27th May 2016. This report is based on a range of inspection techniques including:

- ◆ An examination of the centre's application for registration.
- ◆ An examination of pre-inspection questionnaire and related documentation completed by the manager.
- ◆ An examination of the questionnaires completed by:
 - a) Chief executive officer
 - b) National client service manager
 - c) Centre manager
 - d) Deputy manager
 - e) Child care leader
 - f) Five care staff
 - g) Two young people residing in the centre
 - h) The social workers with responsibility for young people residing in the centre.
 - i) Guardian ad litem appointed to one of the young people
- ◆ 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 manager
 - b) The deputy manager
 - c) The child care leader
 - d) The regional manager
 - e) One social care staff
 - f) Service clinical psychologist
 - g) Two social workers supervising the placements of young people
 - h) Guardian ad litem appointed to one young person
 - i) Senior clinical psychologist ACTS
 - j) Probation officer
 - k) Officer - Garda diversion programme
 - l) Interview with parent of a young person in placement
 - m) Interview with one young person in placement

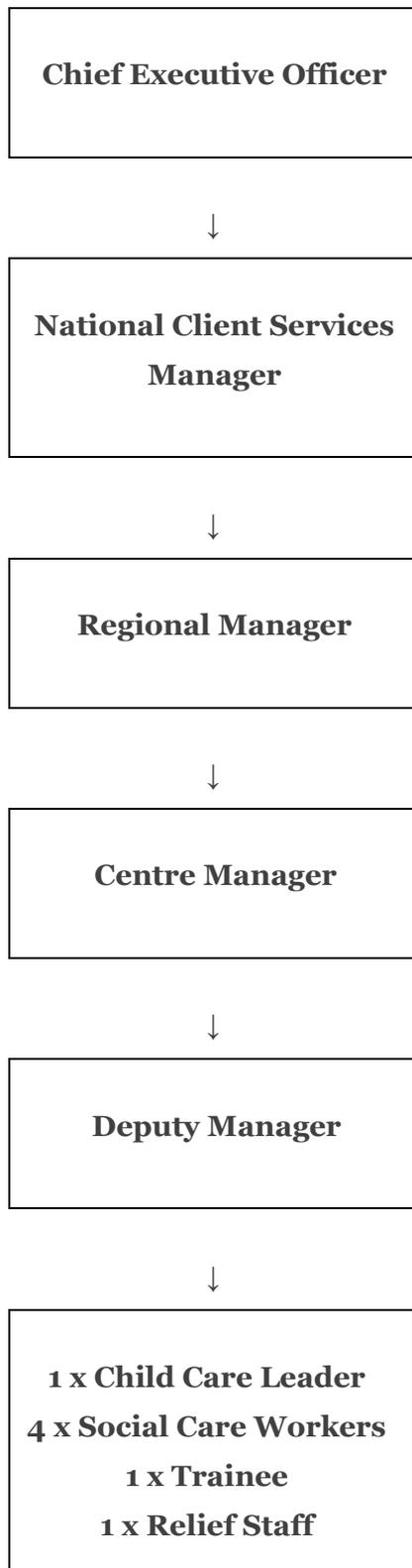
- ◆ Observations of care practices routines and the staff/ young person's interactions

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

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

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

1.2 Organisational Structure



2. Findings with regard to registration matters

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

The findings of this report and assessment of the submitted action plan on this date 29th September 2016 if implemented will deem the centre to be operating in adherence to regulatory frameworks and the National Standards for Children's Residential Centres

As such it is the decision of the Child and Family Agency to register this centre without 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 11th of January 2016 to the 11th of January 2019.**

3. Analysis of Findings

3.1 Purpose and Function

Standard

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

3.1.1 Practices that met the required standard in full

None identified.

3.1.2 Practices that met the required standard in some respect only

The centre had a written statement that defined the purpose and function of the centre, specified the population it catered for and the service it aimed to provide. This document was developed in October 2015. The management and staff team in consultation with the directors were responsible for undertaking a review of the purpose and function of the centre on an annual basis. The date for review of this document by the senior management team was set out on the document. Key legislation and policies were outlined in the statement. The written statement also described the care framework and the principles of the therapeutic approach implemented in the centre.

The centre provided short to medium term care for up to two young people aged between 13 and 17 years. The centre was established to provide care for young people who require a low occupancy house with higher staffing levels. The two young people in residence had been in placement for four months and three months respectively. The inspectors found that both placements were in keeping with the centres statement of purpose and function and to date both young people had settled well into their new care placements.

The statement outlined that the team focus on a strengths based approach with a focus on recreation and integration within the community. To this end, the centre offered a number of approaches to working with young people to suit their specific needs and respond to their presenting behaviour. At the time of the inspection the recreational and experiential learning aspect of the care programme had not been established. The national client service manager confirmed that they had recently recruited a staff member to undertake this specific aspect of the programme with the young people and it should be established in the coming months.

The therapeutic plan for both young people in placement had recently been developed by the organisations clinical psychologist. Inspectors found that the staff interviewed were not familiar with the written therapeutic plan for each of the young people. There was evidence that the psychologist planned to undertake a workshop with the team to ensure they were fully appraised of the therapeutic plan and the required approach to working with each of the young people.

Additional aspects of the programme of care focused on providing a safe environment, access to positive role models, opportunities to learn and develop skills and to build a sense of attachment/belonging. The care framework also required staff to learn how to support, understand and respond to young people who present with emotional dysregulation issues.

The inspectors found evidence to support that the defined approaches were reflected in the day to day work of the centre. Staff interviewed evidenced knowledge of the statement of purpose and function however the staff members interviewed had not fully understood the approaches set out in the care framework and how they applied these approaches to the two young people in placement. The inspectors found evidence that the staff team were aware of the care framework and the four separate stages of placement and the model of care/therapeutic approaches within each stage from entry and admission through to preparing the young people for moving on from placement. There was evidence that the young people had settled into the centre, had good routines established and were building significant and important relationships with members of the team.

The centre had developed information booklets which contained information about the centre for parents and young people. The centre had a user friendly information booklet that was made available to young people on admission and explained to the young people in the context of key-work.

3.1.3 Practices that did not meet the required standard

None identified.

Required action

- The centre manager must ensure that the application of the specific care approaches and the implementation of individual therapeutic plans are reviewed with each staff member in the context of formal supervision and at team meetings.
- The organisations internal psychologist must review the implementation of the therapeutic plan on a quarterly basis in conjunction with the team.
- The national manager must ensure that the recreational aspect of the programme is developed in accordance with the statement of purpose and function.

3.2 Management and Staffing

Standard

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

3.2.1 Practices that met the required standard in full

Register

The centre maintained a register of all admissions and discharges to and from the centre. The inspectors were satisfied that the register complied with the Child Care (Placement of Children in Residential Care) Regulations, 1995, Part IV, Article 21. The admission details of the two young people in placement were properly recorded. There were no discharges from the centre since the initial registration of the centre.

Training and development

Inspectors found that the service provided a robust training programme that ensured the on-going development of staff. The staff team had been provided with training in the following areas; behaviour management, first aid, fire safety, manual handling and Children First. All staff participated in a structured induction training programme. During the staff induction training staff members received specific training in relation to the care framework that outlined the principles of the therapeutic approach and model of care to work with the young people referred to the centre. This training is delivered by the services psychologist. Staff members had also participated in Applied Suicide Intervention Skills training.

There was a system in place to record the training undertaken by each staff member and dates of required refresher training. The centre staff had the opportunity to identify additional training needs through the formal supervision process. The national manager informed inspectors that the service had an annual budget for staff training and development.

Notification of Significant Events

Inspectors found that significant events were notified to the relevant parties in a prompt manner. There were good systems in place for cross-referencing significant events through the daily logs, significant events file and electronic auditing systems.

Significant event reports from the centre were generated electronically and a hard copy was stored on individual files. Significant events were input on the services information technology system and this enabled the centre manager and external managers to track patterns and trends and ensure that risks identified in such reports are appropriately addressed.

Inspectors found there was a good standard of record keeping and report writing in relation to all significant events. There was evidence that the centre manager and the regional manager reviewed all significant events. There was evidence that staff reviewed significant events in supervision, at team meetings and handovers to ensure any learning outcomes from the event were incorporated into practice. The review of practice and staff approach to managing behaviours that challenge is undertaken with reference to the model of care.

The social workers and the monitoring officer were satisfied that all significant events were reported in a prompt manner. Significant event reports are also forwarded from the centre to the Guardian ad litem and the national children's residential service.

Staffing

Inspectors found that the centre was adequately staffed given its purpose and function and capacity. The core team presented at the initial registration continued to work at the centre. Two applicants recruited to work at the centre did not take up the positions offered to them otherwise the staff team initially recruited remained in place. Seven social care staff covered the duty roster with one relief staff member to cover sick leave and annual leave. The regional manager provided the date of each staff contract as all staff contracts were stored off site in a central location. Six of the staff had permanent contracts with one staff member on a fixed term contract.

Seven staff members had the relevant required qualification with one member of the team unqualified. There was evidence that the organisation supports staff member to obtain the required qualification. The non-qualified staff member was always on duty with a qualified and experienced member of staff.

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

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

Inspectors found a high level of commitment to the young people and found that child-centred approaches underpinned the practice at the centre. Despite the limited experience within the team in terms of residential care work inspectors found that the staff team were confident in their approach and the young people had responded well to the individual care programmes. The staff interviewed demonstrated a clear understanding of the centre's care framework and the four stages of placement from the point of entry to discharge. However, inspectors found that the staff interviewed were not confident in describing how the therapeutic approaches were applied to meeting the identified needs of the young people in placement. The inspectors recommend that further work should be undertaken with the team as recommended under the previous standard.

The staff roster was displayed in the office and reflected the stated shift patterns and staff appointed to work in the centre. There was evidence that all staff members had participated in a comprehensive structured induction training programme.

Supervision and support

The centre had a written supervision policy. Supervision files were examined and there was evidence that staff received regular formal supervision with the centre manager every four to six weeks. The regional manager was supervised by the national service manager on a monthly basis and the regional manager provided formal supervision to the centre manager every two weeks.

Inspectors found that there was a supervision schedule in place and this was displayed in the staff office. The supervision records evidenced that staff practice, professional development and individual work with the young people was reviewed. Staff interviewed confirmed they received feedback on their practice from the centre manager within the context of formal supervision. The centre manager had completed training in the provision of staff supervision.

There were systems in place to monitor the staff supervision schedules and the centre manager ensured the regional manager was apprised of any concerns arising from the supervision process. .

On-call support was delivered to the staff team on a rotational basis outside of office hours. Staff interviewed told inspectors that there were sufficient supports in place to support them in their work. The centre manager provided opportunities to staff to debrief following a significant event with a young person.

Staff team meetings were held on a weekly basis and all staff had an opportunity to contribute to the agenda. The team meetings were well attended and staff interviewed found them to be an effective forum in achieving a consistent approach to working with the young people and an opportunity to share information and make decisions. One of the inspectors attended the staff handover which was attended by the staff going off duty and the staff coming on duty. The inspectors were provided with written evidence that handover meetings took place every day and were well structured and focused.

Staff stated that the team were reflective in their practice and had the ability to challenge practice if required. Inspectors found evidence to support this view.

Administrative files

The administrative files and records detailing the performance and operation of the centre were accessible, clearly written and legible. There was evidence of good communication between staff through the administrative records. There was evidence that the centre manager and the regional manager monitored the centre records.

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

The service had a written policy in relation to data protection and the storage and retention of paper records. The national client service manager informed the inspectors that care files are kept in perpetuity in a locked storage facility.

3.2.2 Practices that met the required standard in some respect only

Management

The inspectors found that there was a clear line management structure within the centre and also externally within the larger organisation. There were written job descriptions for all management positions and inspectors found that staff interviewed

were clear on the lines of accountability and the individual responsibilities of each manager within the service.

At the time of the inspection the management structure of the centre consisted of a national manager, a regional manager, centre manager, deputy manager, child care leader and five social care staff. The national client service manager and the regional manager were suitably qualified and experienced to undertake their respective roles within the service. The regional manager had responsibility to provide external management supervision and support to this centre and two other residential centres in the region.

At the time of the inspection the centre manager had three years and nine months post qualifying experience and was six months in post as centre manager. While centre managers are required to have five years post qualifying experience that inspectors were satisfied that there was robust systems in place to support and supervise the centre manager from a suitably qualified and experienced regional manager. There was evidence that the regional manager visited the centre on a weekly basis to review and monitor practices at the centre. There was evidence the centre manager was in regular contact with the regional manager and received appropriate guidance and direction. The inspectors require that the current level of supervision and support be maintained until the centre manager has the required five years post qualifying experience. Specific management training would further benefit the centre manager and should be considered by the service in their annual training programme.

The centre manager had additional support through participation in a national managers' forum once every two months. There was evidence the centre manager was well supported in her role. The regional managers also had a forum to meet on a bi-monthly basis. The national manager met all regional managers at this forum.

Staff interviewed stated that the centre manager was based at the centre each day and was accessible to them. The inspectors were satisfied with the overall governance and management of the centre.

3.2.3 Practices that did not meet the required standard

None identified.

3.2.4 Regulation Based Requirements

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

The centre has not met in full the regulatory requirements in accordance with the ***Child Care (Standards in Children’s Residential Centres) Regulations 199, Part III, Article 7, Staffing (Numbers, Experience and Qualifications)***

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

Required Action

- The current level of supervision and support provided by the regional manager must be maintained until the centre manager has the required five years post qualifying experience.

3.3 Monitoring

Standard

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

3.3.1 Practices that met the required standard in full

The monitoring officer had undertaken one monitoring visit following the initial registration of the centre in February 2016. The monitoring officer met with both young people in placement. The centre manager stated that the monitoring officer was accessible and provided guidance in relation to compliance with standards, regulations and best practice. There was evidence that recommendations and feedback from the monitoring officer was acted upon and thus contributed to ensuring the centre's compliance with regulations, standards and best practice.

The centre manager had implemented recommendations from the monitor with regard to the storage and management of records relating to child protection concerns. The monitoring planned to provide a written report to the centre following the most recent monitoring visit. The monitoring officer was satisfied that he received prompt notification of all significant events. There was evidence that the monitoring officer had read a number of the centre records in the course of the visit.

3.3.2 Practices that met the required standard in some respect only

None identified.

3.3.3 Practices that did not meet the required standard

None identified.

3.3.4 Regulation Based Requirements

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

3.4 Children's Rights

Standard

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

3.4.1 Practices that met the standards in full

Consultation

The centre had a written policy on consultation with young people. Inspectors found evidence that young people's opinions were reflected in the centre records. Inspectors found that the staff team used many opportunities and forums to seek the views and opinions of the young people in relation to their daily lives. House meetings were undertaken on a weekly basis. Decisions taken were clearly recorded and reviewed at the following meeting to ensure all matters raised by the young people were addressed. The records evidenced that the young people engaged in the house meetings. Key-work records evidenced that the views of young people were also considered in key-work sessions and the young people were involved in developing their weekly plans.

There was evidence that social workers consulted with both young people prior to their child in care reviews and the centre manager and staff supported the young people to attend their statutory review meetings and to express their views and opinions.

The centre manager had secured written information from the national advocacy service Empowering People in Care (EPIC) and the young people had access to this information in the centre. An EPIC advocate visited the centre in April 2016 and met with both young people in placement.

Access to information

The centre had a written policy on young people's access to information and staff interviewed by the inspectors were familiar with this policy. The centre had an information booklet for young people that provided information about the centre, the rights of young people in care and their right to access their records. There was evidence that key workers had assisted the young people to familiarise themselves

with the information contained in the booklets. The young people were provided with access to their daily logs on a monthly basis however they were aware that they could request to read their logs at any time. There was evidence that the young people were offered the opportunity to access their files on two occasions since admission and the young people availed of this opportunity. Inspectors found that young people had been given information about themselves in an appropriate way through life story work with their key-workers and social workers.

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

One young person had an appointed Guardian ad litem who provided information on court proceedings and sought their views in relation to his current care placement.

3.4.2 Practices that met the required standard in some respect only

Complaints

The centre had a written policy in relation to the reporting, management and recording of formal complaints and grievances made by young people, family members and/or other persons external to the centre. The centre manager informed the inspectors that complaints are formally notified to the relevant social worker, the referring agency and the local monitoring officer. Information on the complaints procedure for young people was outlined in the young peoples' information booklet. There was evidence that key-workers had explained the complaints process to the young people and there were complaint forms available to the young people in the event they wished to make a complaint. The information booklet stated that a complaints box was located in the centre for young people however this box was not in place at the time of the inspection.

At the time of the inspection here were no formal complaints recorded on the register and the young people informed the inspectors that they had no complaints about their care. The parent interviewed by the inspector stated that they had no complaints about the care provided at the centre. Social workers interviewed were aware of the centres complaints policy and social workers stated they always check that the young people are satisfied with the standard of care at the centre. The centre manager informed the inspectors that minor expressions of dissatisfaction (grievances) were also recorded on the records. The inspectors were satisfied that expressions of dissatisfaction were addressed appropriately and the outcome was evident on the

centre records. There was evidence that these records were reviewed for the purpose of learning, practice improvement and managerial oversight.

3.4.3 Practices that did not meet the required standard

None identified.

3.4.4 Regulation Based Requirements

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

Required Action

- The complaint's box must be placed in the centre and be accessible to the young people in accordance with the centre's complaint policy.

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

The inspectors found that admissions to the centre had been in line with the written statement of purpose and function. Pre-admission risk assessments and placement mix assessments had been undertaken in accordance with the centres written admission procedure. The needs of both young people were evaluated prior to admission and discussed with the supervising social workers.

The centre catered for two young people, aged thirteen to seventeen years on admission accessing the service on a short to medium term basis for the provision of therapeutic care. The centre was operating at full capacity at the time of the inspection. Following the initial registration of the centre, two young people had resided in the centre for a period of three and four months respectively. The managers, staff and social workers interviewed expressed the view that the young people were appropriately placed. The inspectors found that the young people were suitably placed and had made good progress to date in their respective placements.

Referrals to the centre were considered by the national client manager, the regional manager and the centre manager in consultation with the services clinical psychologist. Inspectors found evidence that the staff team had the opportunity to prepare and plan for the new admission and transition plans were developed to make a young person's admission to the centre as successful as possible.

Contact with families

The inspectors found that the staff recognised the value of family contact and worked as closely with families as possible. Inspectors found evidence that contact and visits from family members and friends were facilitated and promoted at the centre. Family contact and the outcome of contact was recorded and stored on each of the individual

care files. There was evidence that the centre manager maintained regular contact with the social workers on all matters pertaining to family contact. Regular family contact for one of the young people had been re-established at the time of writing this report and provided positive outcomes for the young person. One of the young people indicated that they would like the opportunity to visit their parent and siblings in their country of origin. The inspectors recommend this is considered in the context of the care planning process for the young person. There was evidence that family contact was set out in the care plans and was considered at each statutory review for the young people in placement.

Supervision and visiting of young people

The young people in placement had an allocated social worker as required. One social worker was allocated to a young person twelve months prior to this inspection and the other social worker had been allocated to the second resident for a period of six months prior to the inspection. The date of social work visits to the centre together with details of any action taken as a result of a visit was maintained at the centre on individual care files. There was evidence that the social workers visited the young people in placement on a regular basis and both residents had, at least, monthly visits at the centre from their supervising social worker. There was evidence the supervising social workers undertook visits to the centre to support the staff in their work with the young people and to support the young people through difficult periods. Social workers confirmed they had, from time to time, read the daily logs and the young person's care file.

Social Work Role

Standard

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

Communication and collaboration with the social workers was clear and effective. Social workers received copies of placement plans, absence management plans and individual crisis management plans. The social workers stated they visited the young people in the centre, met them in private and enquired about their welfare and happiness. The social workers were satisfied that both young people had settled well in their respective placements and to date had responded well to the programme of care and appeared to have developed positive relationships with their carers.

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

Emotional and specialist support

Throughout the inspection, the centre manager and the staff demonstrated a good knowledge and understanding of the emotional and specialist needs of the young people in placement. There was evidence that the centre had to date responded appropriately to these needs. The planned workshop with the team to review the recently developed therapeutic plans will further assist staff to respond to the emotional needs of the young people and further develop the therapeutic approach to meeting these needs.

The inspectors were satisfied that both young people had access to a range of specialist supports.

The centre had a key-work system in place and the inspectors found that the key-workers had a good insight into the young people's emotional needs and they were attuned to these needs. There was evidence on each of the care files that both planned and opportunity-led work took place to address the young people's emotional needs.

Preparation for leaving care

The inspectors found evidence that the centre staff assisted the young people to learn practical life skills such as maintaining their bedrooms, general household chores, personal hygiene skills and cooking. Specific life skills programmes were tailored to meet their individual needs and were set out in the placement plans.

Discharges

The centre had a written policy on discharges indicating its commitment to ensuring that young people leave the centre in a planned and structured way that is in

accordance with their statutory care plan. The written discharge procedure states its commitment to early intervention and planning in instances where a young person is experiencing difficulties in the placement. The policy outlined that the centre will not discharge a young person without clear consultation with the referring authority. There were no discharges to date from this centre. The centre manager was aware of the requirements to record the relevant information on the centre register and care file on a young person's discharge from the centre.

Aftercare

One of the young people in placement was eligible for referral to the statutory leaving and aftercare service. An aftercare assessment was completed by the supervising social worker as part of the referral process to the statutory aftercare service. There was documentary evidence that the young person had been referred to the relevant aftercare service and was allocated a leaving and aftercare worker. The aftercare worker was due to meet the young person at the centre in the coming weeks.

Children's case and care records

Each young person had an individual care file that was a private and secure record of their history and progress in placement. The social workers also maintained a secure record of the young peoples' history and progress. The care records were maintained in a manner that facilitated effective management and accountability. Records and reports were typed and accessible in electronic and/or print formats. There was evidence that the centre manager quality-assured centre documentation prior to circulation and filing. There was evidence of management oversight of care records.

The care files in the centre contained copies of the birth certificate and relevant care order and/or voluntary consent. A recent photo of each young person was maintained on each of the files. The daily logs provided a clear account of the daily life of each young person and their interactions with staff and other professionals. The inspectors found evidence across files that the young people's views were sought and recorded.

3.5.2 Practices that met the required standard in some respect only

Statutory care planning and review

There was a relevant up to date care plan on file in respect to one of the young people in placement. The care plan for the other young person in placement was not on file at the time of the inspection. The social worker confirmed to the inspectors that the care

plan had been updated but its circulation had been delayed due to administrative issues. Inspectors advised that the care plan must be forwarded to the centre as a matter of priority and in a timelier manner. The care plan on file in respect of the other young person in placement was up to date and was found to be comprehensive and met the requirements of the regulations and standards in relation to care planning. Dates for the following statutory reviews were identified at the time of the initial reviews of both placements.

The inspectors found that the statutory child in care reviews of the young people in placement were undertaken in compliance with the timeframes set out in the statutory regulations. There was evidence that parents and young people were invited to participate in the statutory care plan reviews. There was evidence that both young people participated in their most recent statutory review meetings.

The inspectors found that the centre had developed an individualised placement plan and goal tracker for each young person that set out the aims and objectives of the placement. Inspectors found evidence that the placement plan and goal tracker was reviewed and updated on a monthly basis. The placement plan and goal tracker also provided a means of reflecting the young person's development within the placement. There was evidence that the young people were involved in identifying and reviewing the goals achieved within the placement. The centre manager and the key-workers were responsible for coordinating the development of the placement plan.

3.5.3 Practices that did not meet the required standard

None identified.

3.5.4 Regulation Based Requirements

The Child and Family Agency has not met the regulatory requirements in accordance with the *Child Care (Placement of Children in Residential Care) Regulations 1995*

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

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

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

-Part V, Article 25and26, Care Plan Reviews

-Part IV, Article 22, Case Files.

-Part IV, Article 24, Visitation by Authorised Persons

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

-Part III, Article 17, Records

-Part III, Article 9, Access Arrangements

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

Required Action

- The social worker must provide the centre with an up to date care plan in accordance with the requirements set out within the statutory regulations.

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 inspectors found that the young people received a good standard of care from a committed and dedicated team. There was a comfortable and relaxed atmosphere within the centre and evidence of good social interaction between the young people and the staff on duty. There were effective systems in place to ensure their individual rights were respected and promoted. The practices were found to be child-centred and young people had the opportunity to have their individual views heard and be involved in decision-making in the centre. The young people were encouraged to make choices about clothing, personal appearance and had the opportunity to add to the décor of their environment. The young people receive weekly pocket money and they are encouraged to budget and manage their money. Issues of personal hygiene were dealt with sensitively and with dignity.

There was a culture within the centre whereby staff were expected to be fully engaged with the young people throughout their time on duty. The young people had individual weekly schedules and routines and received a good standard of emotional and physical care. The young people spoke positively about the adults caring for them.

Each young person had appointed key-workers. The key-workers had specific responsibility to act as mentor and advocate for the young person and to ensure the placement plan was up to date and reflected the work to be undertaken with the young person. There was evidence that key-workers ensured the young peoples' views were heard and responded to. There were systems in place to review and evaluate the outcome of individual work and key-work. There was evidence that the social workers were familiar with the individual placement plans.

The young people were able to identify their individual key-workers and one of the young people informed the inspectors about the role of the key-worker. Inspectors

found that key-work was planned and focused and undertaken on a regular basis. One of the young people interviewed by the inspectors was able to identify staff members they could talk to or seek out if they were upset or concerned about something.

The service psychologist visited the centre on a weekly basis over the past number of months. The psychologist met with the young people individually as part of the assessment and development of individual therapeutic plans.

Birthdays and special occasions and individual achievements were celebrated in the centre. Both young people were provided with opportunities to develop their talents and interests. Staff interviewed were satisfied that the required financial resources were available to them to provide a good standard of care for the young people. Both young people received an appropriate amount of pocket money on a weekly basis.

Provision of food and cooking facilities

Inspectors found the meals provided at the centre to be nutritious providing the young people with a healthy and well-balanced diet. The young people had easy access to food and there was evidence that they were encouraged and supported to develop healthy eating habits. This was evidenced on the key-work records. The young people had the opportunity to choose what meals they would like for the week and were involved with staff in weekly menu planning. The young people helped staff to prepare meals in the centre. The inspectors joined the staff and young people for dinner and found that there was an established culture where staff and young people sit and eat meals together on a daily basis. The kitchen in the centre was spacious and well equipped and was maintained to a good standard.

Managing behaviour

The centre had a written policy on managing behaviours that challenge. Staff interviewed were confident in their approach to managing behaviours that challenge. They had a good understanding of the young people they were caring for and were aware of potential triggers and under-lying causes of anxiety and distress. The young people were clear on what constitutes poor behaviour and were informed of the consequences following a breach of agreed expectations in relation to behaviour.

There was evidence that the staff team did not rely on consequences as a means of managing behaviour. The inspectors found that the team relied on relationship building and consistency of approach as a core feature of their practice. Where consequences were employed they related to the behaviour and there was a learning

outcome for the young person. Inspectors found that consequences for poor behaviour were reasonable and age appropriate. The recording systems also evidenced that positive behaviour was rewarded and acknowledged. There were structured incentive programmes in place where the young people earned privileges for positive behaviour. The centre manager and staff team stated that this system worked well and promoted positive behaviour.

At the time of the inspection a team consultation with the services clinical psychologist was scheduled to provide an opportunity for the staff to review the therapeutic plan for each of the individual young person. This meeting was to ensure that all staff were familiar with the identified therapeutic approach and ensure its implementation in all interventions with the young people. Inspectors found that the written therapeutic plans were beneficial to assist staff to further develop their responses to the young people based on an understanding of their past history and current presenting needs. There was evidence that individual work and key-work was undertaken with the young people to help them gain a better insight and understanding of their challenging behaviour. Inspectors saw evidence of the follow up life space interview with the young people following an episode of challenging behaviour and learning outcomes were identified for staff and young people.

The staff team also utilised a number of plans to ensure the young people's behaviour was appropriately managed such as, individual crisis management plans, absence management plans, risk assessments and the recently developed therapeutic plans will inform the staff responses and approaches to working with both young people.

The centre manager and the regional manager provided good oversight and monitoring of the team approach to behaviour management. The centre manager had access, if required, to the services clinical psychologist for advice and guidance regarding the management of challenging behaviour. The individual crisis management plans were updated regularly and reflected any changes in approach where required. The centre did not rely on Garda intervention to support manage behaviours that challenge. There was one incident to date where the Gardaí were called to the centre to assist in the management of behaviour.

Restraint

The centre used a method of physical restraint that had been researched and was based on reputable practice. There was a written policy on the use of physical restraint. The individual crisis management plans for the young people in placement indicated whether physical restraint could be employed to support behaviour that

challenged. There were no incidents to date where physical restraint had been employed to ensure the safety of the young people in placement. There was evidence that the relevant persons would be notified where a physical restraint was employed by staff.

There were systems in place to monitor and review incidents where physical restraint may be employed. Team reviews can be undertaken and the outcome of such a review is documented on a team review incident form. Reviews of physical restraints can also be undertaken by the centre manager, the regional manager and the therapeutic intervention trainer to ensure the restraint was appropriately decided upon and implemented and to determine any changes required within the individual crisis management plan. Critical incidents where physical restraint is employed may also be subject to an internal investigative process and is recorded on a critical incident form.

A record of other approved physical interventions such as blocking techniques and protective stances was maintained on the centre recording systems.

All staff members had completed the required refresher training and foundation training in the use of physical restraint. The social workers were familiar with the individual crisis management plans in operation in the centre.

Absence without authority

The centre had a written policy on managing unauthorised absences. The centre maintained a register detailing all unauthorised absences from the centre. Staff interviewed were also familiar with the National Protocol for Children Missing from Care and with the procedure for reporting to the Gardaí a child missing from care. An absence risk assessment was completed on admission for each young person in placement and individual absent management plans were developed prior to admission. At the time of the inspection there were eleven incidents of unauthorised absences from the centre in respect of one resident. There were no incidents of unauthorised absences in respect to the other resident since the initial centre registration. The inspectors found that absences from the centre were reported, recorded and reviewed with relevant stakeholders in accordance with centre policy and national protocols. There was evidence that appropriate follow up was undertaken with the young person on their return to the centre.

Inspectors found that social workers were familiar with the individual absence management plans.

3.6.2 Practices that met the required standard in some respect only

Race, culture, religion, gender and disability

The centre had a written policy on anti-discrimination practice. Inspectors found that the young people were not subject to any form of discrimination living in the centre. One of the young people informed the inspectors that he experienced discrimination prior to his placement at the centre and the inspectors advised that specific key-work in relation to the impact of this discrimination was required. There was evidence that staff had made good efforts to address specific cultural requirements with regard to food and particular ethnic practices. Inspectors found that further work was required in relation to maintaining cultural identity and contact with family in his country of origin. The young person had good telephone contact with his family however internet video and voice call services would enhance the quality of this contact and should be facilitated by the centre. The inspectors also request that social work give consideration to the young person's request to visit his family in his country of origin.

The staff team ensured in so far as possible that the young people enjoyed the same opportunities as their peers in the community. The inspectors acknowledge that the staff had made good progress to ensure both young people secured appropriate vocational training programmes. However, in relation to one of the young people in placement the inspectors found that more could be done in terms of using the supports of other external professionals to support integration into the local community.

The young people were facilitated to practice their religion and they were afforded choice in this regard. Inspectors advise that the daily logs evidence that young people were offered the opportunity to attend religious services.

The other resident in placement was supported and facilitated by staff to have regular contact with his family and community of origin.

3.6.3 Practices that did not meet the required standard

None identified.

3.6.4 Regulation Based Requirements

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

-Part III, Article 11, Religion

-Part III, Article 12, Provision of Food

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

Required Action

- Issues relating to discrimination experienced by one young person prior to his current placement must be addressed in key work.
- The centre manager and the social worker with responsibility for one of the young people in placement must consider additional ways in which contact with family and family relationships can be supported and maintained.
- The centre manager must ensure that the daily logs evidence that young people in placement were offered the opportunity to attend religious services.
- The centre manager should liaise with all relevant professionals to ensure that one of the young people is provided with more opportunities to integrate into the local community.

3.7 Safeguarding and Child Protection

Safeguarding

Standard

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

3.7.1 Practices that met the required standard in full

Inspectors found that the young people were safe living in the centre. The team presented as reliable and consistent and this enhanced the young people's sense of security. There was evidence that the young people were appropriately monitored and supervised by staff. There was evidence on the records that the centre manager followed up issues of concern with the relevant social workers. The staff members applied effective safeguarding practices and inspectors found evidence of interventions which promoted the protection and safety of the young people. There were good safe guarding practices in relation to lone working, physical touch and privacy of the young people within the centre. Outings, activities and travelling in the centre vehicle were regularly risk assessed by staff to ensure safety for all.

There were effective procedures in place for responding to accidents and complaints. The centre maintained a log of all accidents and injuries sustained by the young people and body maps were used to identify where injuries were noted. There was a complaints form that the young people could access if they had any complaint about their care. The young people were informed about their right to make a complaint or express a grievance about any aspect of their care. The young people interviewed could identify a person or persons on the staff team to whom they could raise any concerns.

The service had a whistle blowing policy in place. Staff members interviewed were clear about the reporting procedures in the event that they had concerns about a colleagues or managers practice.

Information on bullying and on the centre response to managing incidents of bullying was outlined in the young peoples' welcome information booklet.

There were internal and external systems in place to monitor the quality of all centre records, incidents records and decisions taken by staff.

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.

Child protection

Standard

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

3.7.4 Practices that met the required standard in full

The centre had a comprehensive written policy and procedure document in relation to child protection, which was consistent with the national guidelines set out in Children First; National Guidance for the protection and Welfare of Children, 2011. This policy was signed by all staff members to indicate that they had read and understood the policy.

The centre manager was the designated liaison officer for reporting child protection concerns. Members of the team interviewed by inspectors were clear on their obligation to report child protection concerns to the designated liaison person, the relevant social work department and the Gardaí where required. Staff interviewed were familiar with the procedure for dealing with an allegation against a member of staff. 'Children First' training was undertaken by all members of the team.

Child protection concerns were appropriately reported and recorded and were maintained on the individual care files. There were systems in place to ensure reported concerns were responded to by social work. These records were maintained in a manner that facilitated easy tracking of the status and outcome of all reported child protection concerns. Actions taken to safeguard young people were identified on the child protection records.

The social workers, staff team, parent and external professionals interviewed as part of the inspection process indicated to inspectors that they were satisfied that the young people were safe and well cared for in the centre.

3.7.5 Practices that met the required standard in some respect only

None identified.

3.7.6 Practices that did not meet the required standard

None identified.

3.8 Education

Standard

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

3.8.1 Practices that met the required standard in full

None identified.

3.8.2 Practices that met the required standard in some respect only

The service had a written policy statement outlining their commitment to maintaining young people in education and vocational training programmes. There was evidence that the care staff placed a significant emphasis on encouraging the young people to work towards engaging in further education and training. The young people in placement had been excluded from mainstream education for over twelve months and had not attained any State educational examinations at the point of admission to the centre. Educational assessments were previously undertaken with and the assessment reports were held on the individual care files. An updated educational assessment for one of the young people in placement should be considered by Tusla within the care planning process. Placement stability and the appropriate educational supports may assist the young person to achieve higher educational outcomes. Home tuition had been granted for a specific number of hours per week by the Education Welfare Services for this young person. This tuition had recently commenced and the young person had engaged with the service to date. There was a plan in place for the young person to commence a youth training programme on a part time basis in the autumn. This plan was supported by all relevant professionals and was considered to be the most appropriate option in terms of further education and training.

The second resident in placement had applied for a placement on a youth training programme and was awaiting confirmation of a placement on the course. This training programme was considered to be the most suitable training programme as the young person. There was evidence that this young person participated in educational activities with staff for two hours per day and this supported continued learning and a structured daily routine.

Inspectors found that education was valued by the team and the young people in placement were encouraged and assisted by staff to achieve their full potential in relation to education and vocational training. The young people were responsive to

these interventions. There was evidence that the supervising social workers and the centre management worked well together to ensure the young people had access to appropriate education facilities. The education plan for each young person in placement was addressed in the context of the statutory care plans. The centre records detailed all contacts with educational services.

3.8.3 Practices that did not meet the required standard

None identified.

Required Action

- An updated educational assessment for one of the young people in placement must be considered by Tusla within the care planning process.

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

None identified.

3.9.2 Practices that met the required standard in some respect only

The young people in placement had a medical assessment on their admission to the centre. Each young person had their own individual medical card and had access to a registered general practitioner. One young person remained registered with his family doctor. Consent for medical treatment was stored on the individual care files and staff were clear in relation to consent for medical treatment in a situation where a medical emergency arose.

There was evidence that the young people received regular medical, dental, ophthalmic and other specialist services as required. Inspectors found evidence on file of all medical appointments and a brief report on the outcome of these appointments. Immunisation history was on file for one of the young people. There was evidence that the centre manager had requested the immunization records in respect of the other resident in placement. The social worker must provide this information for the centre records.

There was an established system in place to record all medications administered to the young people both prescribed and over the counter medications.

The centre had a no smoking policy and staff displayed an awareness of the policy. Staff and young people were prohibited from smoking in the centre or when sharing transport. Staff were not permitted to smoke within sight of the young people. There was evidence that staff encouraged and supported the young people to stop smoking through incentive and educative programmes. One of the young people in the centre smoked cigarettes however there was no written documentation on file from the parent/s to indicate consent and knowledge that their child was smoking at the centre.

There was evidence that key-work and individual work was carried out with the young people in relation to promoting healthy lifestyles and information was provided as

appropriate in relation to developing healthy lifestyles and their physical and sexual development.

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).*

Required Action

- The social worker must provide the centre manager with a record of the immunisation history in respect of one of the residents and ensure the immunisation schedule is up to date in accordance with the Irish childhood immunisation programme.
- The centre manager must ensure that parents confirm in writing they are aware their child is smoking at the centre and provide written consent for them to smoke.

3.10 Premises and Safety

Standard

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

3.10.1 Practices that met the required standard in full

None identified.

3.10.2 Practices that met the required standard in some respect only

Accommodation

The centre was located in a rural setting. The house was a gated two storey detached premises with four bedrooms. Inspectors were satisfied that the accommodation was fit for purpose. The centre was adequately lit, heated and ventilated and there were suitable facilities for cooking and laundry.

The house was modern, bright and comfortable and decorated to a standard that created a pleasant ambience. One of the young people had their creative work displayed in picture frames on the walls in the centre. There was a large green area to the back of the house and a recreation room with a pool table in a separate annex at the back of the house. There were plans to further develop this area for the young people to use for recreation purposes.

Each of the young people had their own sitting room area in the house. Inspectors were satisfied that there were adequate arrangements in place for the young people to have visits from family members and social workers that were private.

The young people had their own bedrooms that were decorated in accordance with their own personal preferences. The young people had access to individual storage space in the staff office where their personal belongings could be secured.

The proprietor provided evidence that the centre was adequately insured against accidents and injuries to young people in placement.

Maintenance and repairs

The centre was adequately maintained by professionally certified maintenance staff. Inspectors found that routine maintenance and repair work was carried out in a prompt manner. The centre staff maintained a log of all maintenance and repair items in accordance with the standards. The maintenance log was signed off by the centre manager. The regional manager undertook an estate management audit on a monthly basis to ensure the maintenance of safety and standards. There were established systems in place to ensure the decorative order of the centre was maintained.

Safety

The service had a written health and safety statement that was reviewed by the senior management team on an annual basis. The health and safety statement and health and safety guidelines for working in the service formed part of the staff induction process. Staff had signed the health and safety policy to evidence they had read and understood the policy. There was a designated health and safety officer within the team. There were effective ways of recording and reporting health and safety hazards in the centre and evidence that all concerns were promptly addressed. The centre manager completed a monthly health and safety audit on the premises and its environs. A quarterly review of health and safety audits was completed by the regional manager. There were systems in place for reporting accidents and injuries. Daily checks on the centre's sharps box were evidenced on a logbook. These checks were dated and evidenced on the health and safety file.

Medication was stored in a locked cabinet in a secure location. The storage, administration and disposal of medication were properly recorded in line with the medication management policy. The medical records evidenced the specific number of tablets in storage and with a reducing balance evidenced as medications are administered. Training in the safe administration of medication was incorporated into the staff induction training programme. First aid kits were located in the staff office and centre vehicles. Supplies in first aid kits were checked on a monthly basis.

All but one staff member were trained in first aid techniques and a date had been identified for this staff member to complete first aid training.

The centre was clean and well maintained. There was a cleaning schedule displayed in the staff office and signed off at the end of each shift.

The vehicles used to transport the young people were roadworthy, legally insured and driven by persons who were properly licensed. As an additional safeguard an electronic tracking device was installed in both centre vehicles that enabled the provider to monitor vehicle location, driving distances and driver behaviour. Weekly safety checks were carried out by staff on centre vehicles. Records were maintained of all service checks on centre vehicles. The central heating system was subject to maintenance check in October 2015.

Four members of the team had undertaken HACCP training (food safety management system) to ensure best practice guidance in relation to food hygiene and food preparation were implemented and maintained in the centre. An audit of the food storage and food preparation areas was undertaken by the inspectors. They found that the centre required systems for monitoring fridge and freezer temperatures. Open food bags in the freezer must be secured with food bag clips to prevent spillage and plastic nail brushes must be located at hand wash basins.

Regular inspection of the premises in relation to pest control was evidenced on the centre records. Cleaning products were safely stored.

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

Fire Safety

An engineers' report dated June 2015 evidenced the centre's compliance with the Regulations of Part B Fire Safety and Building Regulations 1997 to 2006. A copy of the fire safety certificate granted by the local county council on 29th June 2015, under the Building Control Act 1990 was forwarded to inspectors as part of the registration and inspection process.

There was a designated fire safety officer in the team. There was evidence that fire detection systems and fire safety equipment was maintained and fire drills had been undertaken and recorded. Fire-fighting equipment was appropriately maintained and the next service date was identified. Fire-fighting equipment was located at identified fire points in the centre. There was evidence that fire drills were undertaken on a monthly basis and the records identified the names of staff and young people who participated in the drill. Any issues identified in the course of the fire drill were noted on the fire drill report. Fire evacuation plans were displayed and a fire evacuation

procedure had been developed at the centre. A daily record of all persons present in the house was maintained. All staff had received training in fire prevention and evacuation. The centre manager in conjunction with the regional manager undertook monthly fire risk assessments and these were on site for inspection.

3.10.3 Practices that did not meet the required standard

None identified.

3.10.4 Regulation Based Requirements

The centre has not met the regulatory requirements in accordance with the *Child Care (Standards in Children's Residential Centres) Regulations 1996, -Part III, Article 14, Safety Precautions (Compliance with Health and Safety)*

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 13, Fire Precautions
-Part III, Article 15, Insurance

Required Action

- The centre manager must ensure that fridge and freezer temperatures must be monitored by staff on a daily basis to ensure temperatures are maintained in line with food safety guidelines.
- The centre manager must ensure plastic nails brushes are located at hand wash basins.

4. Action Plan

Standard	Issues Requiring Action	Response	Inspectors Commentary
<p>3.1</p>	<p>The centre manager must ensure that the application of the specific care approaches and the implementation of individual therapeutic plans are reviewed with each staff member in the context of formal supervision and at team meetings.</p> <p>The organisations internal psychologist must review the implementation of the therapeutic plan on a quarterly basis in conjunction with the team.</p>	<p>Therapeutic plans are reviewed in supervision and at team meetings. Additionally they were also reviewed at team workshop day on the 14th July with the team, unit manager, psychologist and regional manager.</p> <p>These documents are reviewed as part of the team building days that are ongoing. The last team day was the 14th July. The unit manager and key workers for the young people are also in regular contact with psychologist in relation to the therapeutic plans that are currently implemented and discussion take place in terms of any changes needed to the plans for the young people. The organization will organize another team day prior to the end</p>	<p>The inspectors are satisfied with this response.</p> <p>The inspectors are satisfied with this response.</p>

	<p>The regional manager must ensure that the recreational aspect of the programme is developed in accordance with the statement of purpose and function.</p>	<p>of the year to review the implementation of the therapeutic plans for the young people with the team as a whole.</p> <p>During the time of the inspection, we were awaiting Garda vetting for the activities coordinator. When the activities coordinator began to their position, the young people did not want to participate in any of the activities being offered. The team and unit manager made efforts on a number of occasions to engage the young people with the activities coordinator, however to no avail. The young people do however engage in activities with the team members in the house as well as one young person who occasionally engages in a local youth club with peers. Due to the young people not willing to engage with the activities coordinator despite all best efforts, the regional manager will be making an application to change the purpose and function for the residential unit.</p>	<p>The inspectors are satisfied with this response.</p>
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3.2	The current level of supervision and support provided by the regional manager must be maintained until the centre manager has the required five years post qualifying experience.	The regional manager continues to visit once per week and will continue to provide the same level of support as detailed in the body of the report.	The inspectors are satisfied with this response.
3.4	The complaint's box must be placed in the centre and be accessible to the young people in accordance with the centre's complaints policy.	Action completed	The inspectors are satisfied with this response.
3.5	The social worker must provide the centre with an up to date care plan in accordance with the requirements set out within the statutory regulations.	Since the inspection, the social worker has issued the care plan and it is on the young person's care files.	The inspectors are satisfied with this response.
3.6	Issues relating to discrimination experienced by one young person prior to his current placement must be addressed in key work.	Issues of possible discrimination for this young person are regularly covered in key working sessions.	The inspectors are satisfied with this response.

	<p>The centre manager and the social worker with responsibility for one of the young people in placement must consider additional ways in which contact with family and family relationships can be supported and maintained.</p> <p>The centre manager must ensure that the daily logs evidence that young people in placement were offered the opportunity to attend religious services.</p> <p>The centre manager should liaise with all relevant professionals to ensure that one of the young people is provided with more opportunities to integrate into the local community.</p>	<p>At present this particular young person chooses not to use video calls despite this being offered to him. This has been reviewed in key working sessions with the young person. The option of this young person travelling to his country of origin is currently being risk assessed. If this is deemed safe and appropriate by the social work department, then the organisation will support this visit to his country of origin.</p> <p>This was addressed in team meetings and in supervision and was remedied.</p> <p>This is being done on a continuous basis by the unit manager. Both social workers are updated on a weekly basis in terms of the young people's progress in the house and their input is sought for any particular goals they would like the team and or young people to work towards / achieve. The unit manager has sourced a number of different</p>	<p>The inspectors are satisfied with this response.</p> <p>The inspectors are satisfied with this response.</p> <p>The inspectors are satisfied with this response.</p>
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		<p>social outlets for both young people in the house in order to develop relationships with peers of their own ages. The young people will at times engage in the social clubs, however for the majority of the time, they choose not to engage in the social clubs. The young people are regularly reminded that various clubs/social events are available to them should they wish to engage and this is also discussed in key working sessions with the young people.</p>	
<p>3.8</p>	<p>An updated educational assessment for one of the young people in placement must be considered by Tusla within the care planning process.</p>	<p>This was completed by the organisational clinical team in September 2016.</p>	<p>The inspectors are satisfied with this response.</p>

<p>3.9</p>	<p>The social worker must provide the centre manager with a record of the immunisation history in respect of one of the residents and ensure the immunisation schedule is up to date in accordance with the Irish childhood immunisation programme.</p> <p>The centre manager must ensure that parents confirm in writing they are aware their child is smoking at the centre and provide written consent for them to smoke.</p>	<p>The unit manager has requested this from the social work department. The social worker is in contact with the hospital where the young person was born. However, at times has difficulties receiving the immunisation records. The unit manger will continue to follow up with the social work department in relation to these records.</p> <p>Due to the young person in question being subject to a full care order, TUSLA are acting in locus parentis in this instance. The young person’s mother is aware that he smokes. We do not have permission from his mother; however will strive to obtain this. The social worker is aware that the young person smokes, however due to him being underage, does not give permission for him to do so. This has been requested by the social worker and a permission sheet has been sent via registered post to the young person’s mother. The social work department are still awaiting a response from parent.</p>	<p>The inspectors are satisfied with this response.</p> <p>The inspectors are satisfied with this response.</p>
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<p>3.10</p>	<p>The centre manager must ensure that fridge and freezer temperatures must be monitored by staff on a daily basis to ensure temperatures are maintained in line with food safety guidelines.</p> <p>The centre manager must ensure plastic nails brushes are located at hand wash basins.</p>	<p>Thermometers are checked daily to ensure compliance in line with food safety guidelines.</p> <p>Task completed</p>	<p>The inspectors are satisfied with this response.</p> <p>The inspectors are satisfied with this response.</p>
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