



**An Ghníomhaireacht um  
Leanaí agus an Teaghlach  
Child and Family Agency**

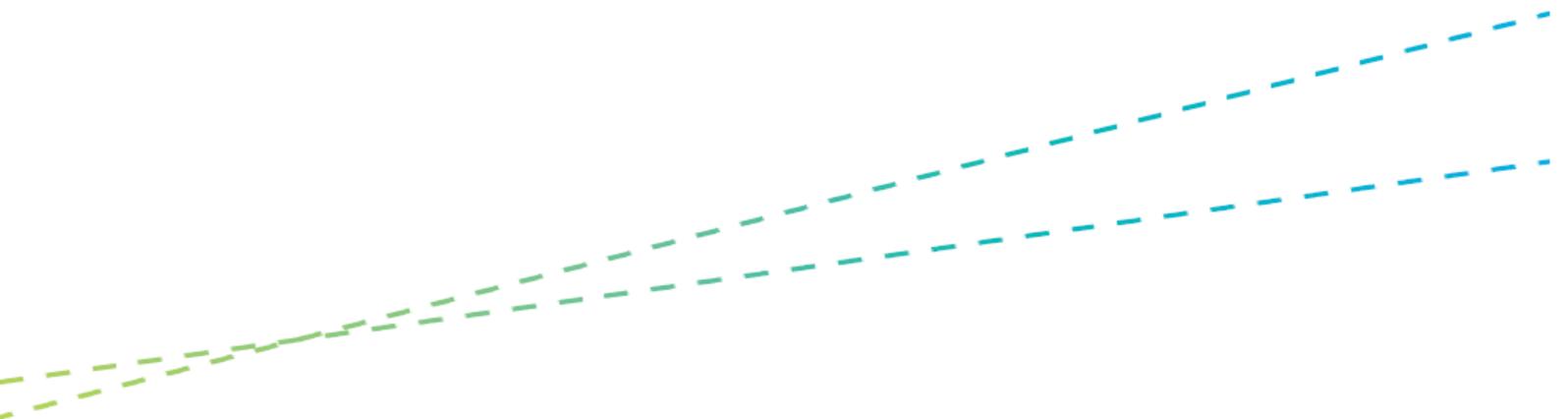
## **Registration and Inspection Service**

### **Children's Residential Centre**

**Centre ID number: 119**

**Year: 2017**

**Lead inspector: Orla Griffin**

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## Registration and Inspection Report

<b>Inspection Year:</b>	<b>2017</b>
<b>Name of Organisation:</b>	<b>Fresh Start</b>
<b>Registered Capacity:</b>	<b>One young person</b>
<b>Dates of Inspection:</b>	<b>8<sup>th</sup> and 9<sup>th</sup> of March 2017</b>
<b>Registration Status:</b>	<b>Registered from 23<sup>rd</sup> of September 2016 to 23<sup>rd</sup> of September 2019</b>
<b>Inspection Team:</b>	<b>Orla Griffin Mary Flaherty</b>
<b>Date Report Issued:</b>	<b>30<sup>th</sup> June 2017</b>

# Contents

<b>1. Foreword</b>	<b>4</b>
1.1 Methodology	
1.2 Organisational Structure	
<b>2. Findings with regard to Registration Matters</b>	<b>8</b>
<b>3. Analysis of Findings</b>	<b>9</b>
3.2 Management and Staffing	
3.5 Planning for Children and Young People	
3.10 Premises and Safety	
<b>4. Action Plan</b>	<b>29</b>

## 1. Foreword

The National Registration and Inspection Office of the Child and Family Agency is a component of the Quality Assurance Directorate. The inspectorate was originally established in 1998 under the former Health Boards 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. These standards provide the criteria for the interpretation of the Child Care (Placement of Children in Residential Care) Regulations 1995, and the Child Care (Standards in Children’s Residential Centres) Regulations 1996.

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 provider is required to provide both the corrective and preventive actions (CAPA) to ensure that any identified shortfalls are comprehensively addressed.

The suitability and approval of the CAPA based action plan will be used to inform the registration decision.

Registrations are granted by ongoing demonstrated evidenced adherence to the regulatory and standards framework and are assessed throughout the permitted cycle of registration. Each cycle of registration commences with the assessment and verification of an application for registration and where it is an application for the

initial use of a new centre or premises, or service the application assessment will include an onsite fit for purpose inspection of the centre. Adherence to standards is assessed through periodic onsite and follow up inspections as well as the determination of assessment and screening of significant event notifications, unsolicited information and assessments of centre governance and experiences of children and young people who live in residential care.

All registration decisions are made, reviewed and governed by the Child and Family Agency's Registration Panel for Non-Statutory Children's Residential Centres

## 1.1 Methodology

This inspection report sets out the findings of an inspection carried out to monitor the ongoing regulatory compliance of this centre with the aforementioned standards and regulations and the ongoing operation of the centre in line with its registration.

This inspection was announced and took place over the following dates

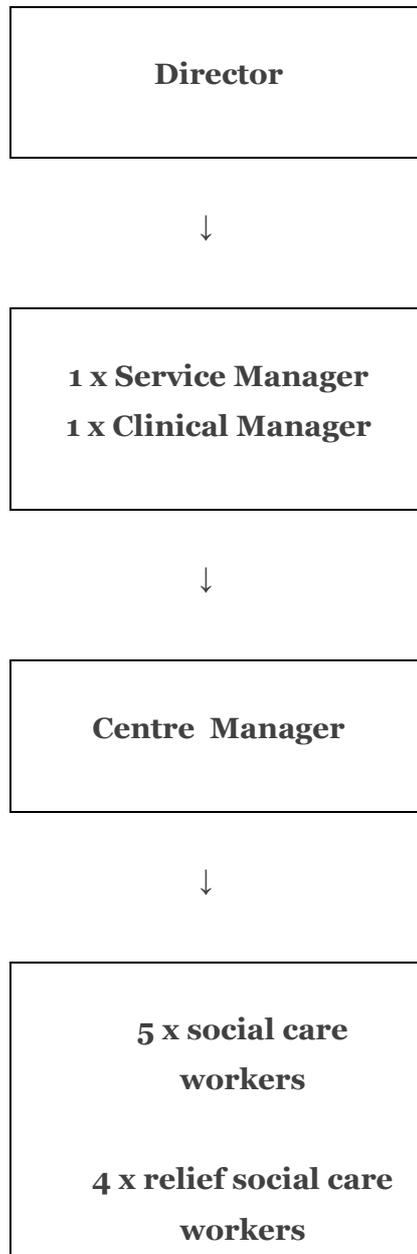
8<sup>th</sup> and 9<sup>th</sup> of March 2017.

- ◆ An examination of pre-inspection questionnaire and related documentation completed by the manager.
  
- ◆ An examination of the questionnaires completed by:
  - a) Five of the care staff
  - b) The young person residing in the centre
  - c) The social worker with responsibility for the young person
  - d) Other professionals e.g. Guardian ad Litem, therapists
  - e) A parent/guardian
  - f) An ex social care staff member
  
- ◆ 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 social care staff
  - c) The allocated social worker
  
- ◆ 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

The findings of this report and assessment of the submitted action plan deem the centre to be continuing to operate in adherence to regulatory frameworks and the National Standards for Children's Residential Centres and in line with its registration. As such the registration of this centre remains 23<sup>rd</sup> of September 2016 to 23<sup>rd</sup> of September 2019.

## 3. Analysis of Findings

### 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 is registered to operate as a single occupancy unit that provides care for a young person, male or female, aged between 12 and 17yrs on admission, who is in need of a structured environment in order to secure a successful transition into the community. Since the centre had been registered to commence operations, two young people had been placed on this basis. One young person remained in placement at the time of inspection. The manager maintained a register of young people placed at the centre. The register contained the required admission and discharge information. A copy of the register is maintained centrally by Tusla, Child and Family Agency.

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

##### **Notification of Significant Events**

The centre has a policy for the prompt notification of significant events to family members, internal management and the therapeutic crisis intervention trainer and relevant external professionals. Records reviewed by inspectors reflected that the team responded appropriately and made efforts to engage with the young person following significant events including the exploration of positive coping mechanisms. This view was shared by the allocated social worker who confirmed the prompt receipt of significant events in the course of interview. There had an agreed process between the social worker and centre for informing the young person's parent of significant events.

The review of the care file information made known a number of significant events that had not been reported in line with the centre policy. Examples of under reporting had been identified in matters including suspected alcohol misuse, refusal of medication and complaints made regarding the provision of care at the centre. Inspectors identified that this issue had not been identified by the manager or external manager in the course of their governance duties.

The manager participated in a significant event monitoring group that had been in place as an oversight mechanism and to promote practice development and learning. However, inspectors identified deficits in this respect. The significant event monitoring form completed by the manager had incorrect data owing to under identification and subsequent underreporting of significant events and the use of unauthorised absences to reflect events whereby the national missing child from care protocol had been implemented. The form itself had been incomplete and without record of the meetings outcome or management response. Another factor that impacted management oversight had been that a new significant event register had commenced following the admission of the second young person. The manager must ensure that registers are used to purpose in providing a collective record of events in the centre to inform service development.

Given the stated findings, it was evident that both internal and external oversight mechanisms had not been adequate to ensure that significant events had been notified in line with centre policy and that the significant monitoring group had been used to purpose. Inspectors evidenced that intervention is required to ensure that the staff team have a concrete understanding of the circumstances that constitute a significant event.

## **Staffing**

The centre operated with a staffing complement of six full time social care staff and one of these positions had been vacant at the time of inspection. The manager had access to a relief panel for the company. Student placements at the centre were not offered at the time of inspection. Inspectors examined personnel files and identified that the verification of staff qualifications had not been in place. Inspectors found that vetting information for a person not employed to work in the centre had been placed on a staff members personnel file. Centre management must ensure that qualifications of staff members are suitably verified.

Each staff member of the core team had a social care or equivalent degree suitable to the role. The staff rota operated in both twenty four and forty eight hour shifts. There were instances of staff completing two 48hour shifts per week based on the young person's interests and staff preferences. It is recommended that the scheduling of these shifts remain under review by management given the changing nature and demands of residential care. The service delivered a structured induction process that staff interviewed found supportive to their role. A mentoring system had also been in place in the centre whereby new staff had been paired with experienced team members as an additional support.

Relief staff had been used regularly in the centre and were appointed from a relief panel used the company. The manager advised that the centre had been operating with four relief staff scheduled to cover the vacant full time social care position and a leave taken by the core staff team. The staffing rota for March 2017 included the scheduling of relief staff on thirteen twenty four hour shifts at the centre with an instance of two relief staff scheduled to work together on shift. Within this month, six different relief staff members had been scheduled to work at the centre, only two of which had been part of the relief staffing list submitted to the registration and inspection service. The practice of using relief staff in this way had been incongruent to the services aim to provide a structured environment and provide continuity of care.

In response to the information gathered, the services manager must ensure that the vacant full time social care position is addressed with the appointment of a suitably qualified social care worker. In line with best practice it is recommended to the manager that the scheduling of a relief staff member on the roster takes place alongside a member of the core staff team.

### **Supervision and support**

The manager, who had received training in a recognised model in the delivery of supervision, had responsibility for supervision of the staff team in adherence with the centres supervision policy. Inspectors examined a sample of the individual supervision files maintained for each staff member. Each file contained a supervision contract. However, several of the contracts reviewed had been incomplete and had not been signed off by the supervisee. The manager must ensure that supervision contracts are completed in full at the beginning of the supervision process and that incomplete supervision contracts are revisited with staff members.

A cross section of the staff team supervision records examined by inspectors demonstrated that the provision of supervision had taken place at intervals outside of the policy timeframes of every four to six weeks. The manager must ensure that supervision of the staff team takes place in line with the centres written supervision policy.

Records of supervision reviewed referred to aspects of the social care role. However the records had limited detail and did not have a clear record of actions agreed. Supervision records had not demonstrated an effective link to the implementation and progression of the young person's individual placement plan and this must be addressed by the manager.

The manager ensured that daily handover and fortnightly team meetings had been in place to facilitate communication between the staff team. The inspector's observation of the handover meeting and review of the handover book reflected good communication between staff regarding the presentation and needs of the young person.

Records of team meetings had referenced care practices, issues in accommodation and staffing for example. There was example of good practices including attendance of external professionals to support the young person's admission to the centre and placement. While the most recent record of team meetings showed an improvement in recording, the level of detail had not reached a satisfactory standard. Records of the decision making process and actions agreed needed to be improved and clearly tracked in further meetings. Inspectors found that records of attendance at these meetings had reflected attendance by the manager and three members of the team only. Given the stated findings, the manager must oversee that decision making processes and actions are clearly recorded and reviewed. It is recommended to centre management to take action to improve the level of attendance at team meetings.

The centre manager receives supervision from the services manager in line with centre policy. The inspectors found that the quality of the supervision required development to address the deficits in management oversight of care practices and operational procedures discussed in this report. In interview the centre manager had reflected positively on the regular support of the services manager. However, given the findings of the report, there is a requirement for the services manager for additional oversight and support as will be discussed further in this report.

## **Training and development**

The centre had a brief written policy specific to training and development. The policy identifies the services commitment to ensuring staff are suitably qualified for their role in a children's residential centre and the potential supports from the service for staff attending college to gain a relevant qualification. Inspectors recommend that the policy is reviewed and developed to set out the services expectations for staff participation in mandatory and additional training.

The services manager and centre manager identified that staff personnel files had not contained all records of training completed and this was confirmed when comparing the manager's training audit sheet and the files. Inspectors recommend that records of mandatory training or lack thereof are represented on personnel files to facilitate tracking. The managers training audit and planner reflected up to date training in child protection, first aid, manual handling and therapeutic crisis intervention for the staff team. Three members of the team had not completed fire safety training at the time of inspection and the manager reported that this had been addressed shortly thereafter. Inspectors gathered information that not all fire safety training had been site specific however it was not possible to quantify from the files reviewed. The centre management must provide details to the inspectorate on the number of staff members who require site specific fire safety training at the centre and the action to be taken by management to address this issue. The centre management must ensure that mandatory training is completed promptly by new staff members and renewed by all staff in line with requirements.

## **Administrative files**

The administrative records reviewed by inspectors had not been completed to a satisfactory standard. The manager had not consistently signed off on records generated by the care team and there was an absence of commentary, for example, to address issues in compliance with recording templates. The daily log template, for example, had not been consistently completed by staff. Inspectors found some signatures of the staff team to be illegible. The manager must ensure that staff members are accountable for their work and identifiable when signing off on records.

Inspectors identified issues across various records including personnel files, supervision records, clinical meeting minutes, maintenance records and registers. The register of sanctions and complaints had not been consistently updated in line

with records on the care file and due to underreporting. Registers had been archived following the discharge of the first young person placed in this centre rather than maintained as a mechanism through which management could identify emerging patterns or trends in the centre.

The centre management oversees the centre budget which is reviewed weekly in the centre and petty cash is recorded. The centre manager stated that the budget was adequate for the purpose and function of the service. Inspectors recommend that further investment is made to promote a homely environment in the centre as discussed further in this report.

Given the inspectors findings in this regard, the centre manager and external manager must undertake more robust oversight of centre administrative files to ensure adherence to centre policies and procedures and recording standards reach a satisfactory level.

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

#### **Management**

The organisational structure of the centre comprises of a director, service manager, centre manager and the social care staff team. The centre commenced operations in September 2016 and since this time the person in position of centre manager has changed and was duly notified to the registration and inspection service in January 2017. The change of manager coincided with the second young person's placement at the centre. The manager had a combination of experience in residential social care and community work and began as a centre manager six months previous to inspection in another centre operated by the company.

The manager had responsibility for overseeing the day to day operation of the single occupancy unit and had been scheduled to work on a full time basis from Monday to Friday during regular working hours. Every manager within the region had responsibility for on-call duty on a rotational basis. The manager had attended an induction programme alongside new staff for the company and had reported regular support from the services manager in the management role. The manager's strengths in building relationships with young people and emphasis on supporting family relationships had been a theme through interviews conducted by inspectors.

Management meetings took place on a monthly basis attended by managers in the region and the external manager. The records of the meetings reflected attention to appropriate issues including governance, practice recommendations from the company, recording practices, staff retention, training and maintenance.

In the course of interview the manager set out a range of management responsibilities undertaken including oversight of centre paperwork, staff supervision and support, facilitation of team meetings, attendance at daily handover and participation at clinical and professionals meetings. The manager had completed an audit of the centres operational practices and procedures over the period of December 2016 and January 2017. The service manager, with responsibility as the external manager, completed a monitoring visit in early February 2017 to quality assure this piece of work. There were examples of external manager commentary on the audit that identified discrepancies between audit information inputted by the manager and centre files. The external manager also set out a list of actions to be addressed by the manager and this was submitted subsequent to the onsite inspection. Actions identified by the external manager related to areas including fire safety, administrative documents, health and safety and aftercare. Some actions, including the population of centre registers had not been completed at the time of inspection. Inspectors identified a number of further issues had emerged in centre practices since the monitoring visit took place that had not been addressed by management.

Inspectors gathered evidence whereby centre practice had not been in compliance with a number of governing policies including complaints, notification of significant events and supervision. For example, a detailed review of daily logs and cross referencing to centre registers highlighted a number of complaints and significant events that had not been managed by the staff team in line with the centre policy that should have been identified and responded to by the centre manager in the oversight of centre practice and records. The examination of centre records reflected that the frequency at which the supervision of the staff team took place had not been in line with centre policy. Further to this, risk assessments pertaining to the health and safety issues that had emerged in the centre and the measures taken in response had not taken place. On the basis of the evidence gathered during inspection, a number of issues requiring action are to be addressed by management to ensure that appropriate and suitable care practices and operational are in place.

### **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 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.***

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 5, Care Practices and Operational Policies***

### **Required Action**

- Centre management must oversee that suitable practices in respect of the notification of significant events are in place and that the staff team have a concrete understanding of the circumstances that require notification as a significant event.
- Centre management must ensure that qualifications of staff members are suitably verified.
- The services manager must ensure that the vacant social care worker position is filled by a suitably qualified person as a matter of priority.
- The manager must ensure that supervision contracts are completed in full at the beginning of the supervision process and that incomplete supervision contracts are revisited with staff members.
- The centre manager must ensure that supervision of the staff team takes place every four to six weeks and that an effective link between supervision and the implementation of the individual placement plan is evidenced.
- The manager must oversee that decision making processes and actions are clearly recorded and reviewed
- The centre management must provide details to the inspectorate on the number of staff who requires site specific fire safety training at the centre and the action to be taken by management to address this issue.

- The centre management must ensure that mandatory training is completed promptly by new staff members and renewed by all staff in line with requirements.
- The centre manager and external manager must undertake more robust oversight of centre administrative files to ensure adherence to centre policies and procedures and recording standards reach a satisfactory level.

### **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 centre had a clear policy on agreed procedures describing the process of admission. The centre is registered to operate as a single occupancy unit that provides care for a young person, male or female, aged between 12 and 17yrs on admission, who is in need of a structured environment in order to secure a successful transition into the community. The centre had a policy on admissions in place and referrals for placements are accepted from the Child and Family Agency. The centre manager had completed pre-admission risk assessments for each young person placed in line with centre policy. The assessments included information around the presenting risks and strategies to be employed by the staff team. Both young people had been placed in line with the written statement of purpose and function.

There was evidence of good practice in preparing for the young person's admission that included review of social history, liaison and meeting with external professionals to inform practice and meeting with the young person and their family to support the transition. The social worker reflected positively on the transition process that had

been developed in consultation with the young person and the work of the staff team to support the young person to settle in the placement. The centre provided a booklet to both young people and parents on admission that sets out the nature of the service, key policies and the young person's rights and responsibilities. The handbook had been individualised for young people setting out the contact information for relevant professionals in their lives.

The allocated social worker to the young person in placement had been satisfied that the young person had been suitably placed on admission and that the centre continued to meet the young person's needs.

### **Contact with families**

The ethos and approach of the manager and staff team had been to encourage supportive family relationships through regular contact, consultation and inclusion in the care of the young person and this had been achieved to a good standard. The young person's parent participated in interview with inspectors and had completed a questionnaire. The young person's parent advised of receiving regular updates about the young person's progress, attendance at a statutory care plan meeting and professional meeting and had met with the social care team. In interview, the young person's parent reported a good working relationship with the manager, staff team and social worker and had positive regard for the support offered to the young person. The staff team and social work department worked together to support agreed contact arrangements for the family and the centre had suitable facilities for the family to spend time together. The inspectors recommended to the social worker to explore the possibility of the young person re-establishing extended family contact to strengthen familial relationships and identify potential future supports.

### **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.

The young person had an allocated Child and Family Agency social worker who had been assigned as case manager for a period of three months prior to placement. Inspectors found that the social worker had been familiar with the care needs of the young person and their progress in placement. The young person had contact information for their social worker and regular meetings had taken place both at and outside of the centre. Regular meetings had also taken place between the centre, relevant professionals, the young person's parent and the social worker specific to addressing the needs of the young person. The young person had also attended these meetings in part. There was clarity in the working roles between the centre and the social worker and both reported an effective working relationship. The social worker had not yet reviewed the young person's case file and daily diary and had undertaken to do so during the next centre visit. The social worker had been satisfied that the young person was safe and well cared for in the centre.

### **Emotional and specialist support**

In interview the care staff demonstrated an awareness of the young person's social history and circumstances that would impact on their emotional wellbeing. The records of daily logs demonstrated regular efforts from the staff team to engage with the young person and interact in supportive ways towards building positive relationships. Daily logs reflected that the staff were observant of the young person's general presentation. The social work interview indicated that the young person had developed greater capacity to regulate their emotions and make positive decisions in their day to day lives since being placed in the centre. Inspectors recognised a reduction in problematic behaviours that had been identified in the pre-admission information.

The provision of emotional support from the staff team had been informed by clinicians employed by the service who provided recommendations for practice when attending meetings with the manager and staff team. The care staff interviewed had found the input of these clinicians to be beneficial to their work and provided examples of strategies used to promote relationship building with the young person. The records of the clinical meetings had lacked detail of the guidance staff had described in the course of interview. It is recommended that the manager develops the recording of clinical recommendations to ensure there is sufficient detail around the decision making process, the action to be taken and review of strategies implemented.

The young person in placement had been encouraged and facilitated by the staff team to continuing engaging with professionals from a specialised clinical service. The two professionals working with the young person had participated in the statutory review meeting and professionals meeting to contribute to the care of the young person.

Inspectors had been informed by the social worker that a psychological assessment of the young person had taken place two years prior to admission. However, inspectors had not observed the assessment on the young person's file and this report had not been referenced while onsite at the centre. The Child and Family Agency social work team leader identified that the report had been forwarded to the private placement team as part of the pre-admission information and has since been sent directly to the centre to inform the provision of emotional and specialist support.

## **Discharges**

The service has a policy structuring the process of both planned and unplanned discharges. There had been one discharge from the centre. While the discharge had not been in line with the young person's care plan, it was evident that the possibility of a planned discharge at that time had not been available to the centre. An end of placement report had been completed for this young person that provided an analytical overview of the factors impacting on the placement. The report reflected efforts made by the staff team to engage with the young person following discharge to bring closure to the ending of the placement and relationships with the staff team. The report had been non-judgemental and provided an analytical overview of factors impacting on the placement. Inspectors recommend that for young people aged 16yrs and older discharged from the centre a particular focus on the young person's independent living skills is regarded in the report to inform future placements or aftercare service provision.

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

The care files had been divided between a main active folder and archived information in monthly folders. Inspectors found that records had been well organised and indexed to facilitate access. Records had been written in a style that was strengths based, supportive of the young person and non-judgemental. The care file contained the young person's pre-admission information, birth certificate, care order and completed consent forms. The young person's statutory care plan meeting

had been convened on admission and the written care plan record had been pending at the time of inspection. All records relating to young people who leave the centre are kept in perpetuity in a storage facility maintained by the organisation.

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

#### **Statutory care planning and review**

The young person had been placed in the centre for five weeks at the time of inspection. Inspectors identified that confusion existed between the social care team and the social work department in respect of what meetings constituted statutory care plan meetings. The centre manager and staff team had reported that a statutory care plan and care plan review meeting had been convened since the young person's admission and paperwork on the care file reflects this point. The social worker informed inspectors that one statutory care plan meeting and one professional's meeting had been convened. The Child and Family Agency social worker must ensure that there is clarity for all parties regarding the scheduling of statutory care plan and care plan review meetings. In both instances the young person, their parent and relevant professionals had been invited to participate in the meetings.

A written statutory care plan had not been received by the centre at the time of inspection and the centre had not developed a record of decision making from the meeting. The Child and Family Agency social worker is required to provide the statutory care plan to the centre manager as a matter of priority. Based on the review of a previous care plan, inspectors recommended to the social worker to review the social history of the care plan to ensure that it is a balanced and fair record that is child centred and accessible for the young person.

The social worker had been cognisant of areas to be progressed for the young person including sourcing a suitable education placement, addressing the young person's leaving care plan and the allocation of an aftercare worker and identified efforts made to address each area. The social work team leader reported that an agreement is in place for child in care reviews to take place on a quarterly basis and that monthly strategy meetings are convened. Inspectors recommend that these meetings address the areas outlined and ensure that appropriate supports and planning is in place prior to the young person leaving care.

In the absence of the written care plan document, the centre had developed an individual placement plan in consultation with the young person, their parent, key worker and relevant professionals. The plan set out goals for the young person based on pre-admission information, interactions with professionals and knowledge of the young person. Inspectors made recommendations to the manager to improve the placement plan including the revision of the document and summarising of goals to address repetition and to provide further detail in the action to be taken by staff members to further the placement plan. For example, the goal of supporting emotional regulation had lacked detail on how staff were to equip the young person with the skills required to achieve this goal.

The young person had been assigned two key workers who had responsibility for progressing particular aspects of the placement plan. Key working had taken place in response to pertinent issues include unauthorised absences, health, substance misuse, peer relationships and education. The review of the daily logs, care file and key work records reflected regular efforts by the staff team to engage with the young person and progress their placement plan.

There was not a clear system in place for tracking and overseeing the implementation of the placement plan. Inspectors recommend that as part of the centres tracking of the implementation of the placement plan, an evaluation of key working and progression of goals takes place. It is also recommended that key work reports are circulated to the social work department to provide an update regarding the implementation of the placement plan.

### **Supervision and visiting of young people**

The young person had an allocated Child and Family Agency allocated social worker who reported regular visits to the young person at the centre and in private in line with statutory regulations. The young person had the contact information for the social worker and access to a telephone. Inspectors observed records of regular contact between the social worker and the centre regarding the young person's progress. The daily logs and contact sheets referenced external professionals meeting with the young person regularly. However, inspectors did not identify centre records of social work visits to the young person at the centre. The manager must ensure that a record of every visit to a young person by the supervising social worker is entered in the centre's care file, together with details of any action taken as a result of the visit.

## **Preparation for leaving care**

The centre's written statement of purpose and function states that the principal goal of the service is to provide essential life skills to the young person living there. The young person had a range of independent living skills at the time of admission that had been further supported by staff with regards to maintaining their living space, cooking, shopping and budgeting as reflected in the daily logs. The young person is encouraged to be an active participant in decision making around their own life and had attended and participated in the statutory care plan meeting and professionals meet in part. The staff team had worked to empower and support the young person to expand their skills base and, for example, the young person had been successful in gaining employment and had engaged in sessions about budgeting and forward planning.

Inspectors found a lack of structure around the preparation for leaving care process with the young person. For example, the centre had a preparation for leaving care workbook, however, this had not been in use at the time of inspection. Centre management must ensure that a framework is in place that assesses the young person's independent living skills and areas for development in preparation for leaving care as a working tool for the staff team.

There was uncertainty from professionals involved regarding the long term planning for the young person that impacted on the detail of what type of transition the young person was to be prepared for. The Child and Family Agency social worker must address the young person's preparation for leaving care and aftercare planning through the statutory review process and in consultation with the young person, their family and professionals involved to provide clear direction to the work of the centre.

## **Aftercare**

The Child and Family Agency has a national aftercare document; '*National Policy and Procedure Document on Leaving and Aftercare Services (2011)*' and this document had been subject to the process of review at the time of inspection. The young person in placement had been eligible for an aftercare service under the existing policy. The Child and Family Agency social worker had submitted a referral in respect of the young person to aftercare services prior to the young person's 17<sup>th</sup> birthday. The social work team leader identified that the need for a male aftercare worker for the young person had delayed the allocation. In the absence of the

aftercare worker the needs assessments and aftercare plans associated with the current national policy had not been addressed. As identified the aftercare planning for the young person needs to be addressed within the statutory care planning process.

Given the eligibility and complex needs of the young person, the Child and Family Agency principal social worker must ensure that the young person is allocated an aftercare worker in line with the national policy. Inspectors recommend that the centre management and staff take a more active role in advocating for the allocation of resources on behalf of the young person and evidence these efforts on the care file.

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

None identified.

### **3.5.4 Regulation Based Requirements**

The Child and Family Agency had 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 IV, Article 24, Visitation by Authorised Persons*

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

The Child and Family Agency had 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*

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

The centre had 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 Child and Family Agency social worker must ensure that there is clarity for all parties regarding the scheduling of statutory care plan and care plan review meetings.
- The Child and Family Agency social worker is required to provide the statutory care plan to the centre manager as a matter of priority.
- The manager must ensure that a record of every visit to a young person by the supervising social worker is entered in the centre's care file, together with details of any action taken as a result of the visit.
- Centre management must ensure that a framework is in place that assesses the young person's independent living skills and areas for development in preparation for leaving care as a working tool for the staff team.
- The Child and Family Agency social worker must address the young person's preparation for leaving care and aftercare planning through the statutory review process and in consultation with the young person, their family and professionals involved to provide clear direction to the work of the centre
- The Child and Family Agency principal social worker must ensure that the young person is allocated an aftercare worker in line with the national policy.

## **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**

Although accommodation comprised of a large two story building with additional facilities within the surrounding grounds, the operation of the centre had been restricted to the ground floor to suit its purpose and function as a single occupancy unit. There was ample space for the young person to meet with their family or

involved professionals in private. The recreational options in the centre included games systems, football, television and use of an onsite gym. Inspectors noted an absence of reading material in the shared living area.

The decoration and soft furnishings in the centre had not been sufficient to create a homely atmosphere for the young person. The walls of the centre were generally bare and shared living areas lacked soft furnishings. This information was reported to the manager and services manager during the course of the onsite inspection. The manager is required to provide an up to date report to the inspectorate on the actions taken to provide a homely atmosphere in the centre and details and timeframes of any outstanding action to be taken in this regard.

Inspectors had further concerns around the accommodation in terms of maintenance and repairs and fire safety as detailed in the respective sections of this report.

### **Maintenance and repairs**

There were systems in place in the centre for house, car and first aid inventory to be checked on a regular basis. Inspectors observed that areas of the centre had not been in a good state of repair. Observations included broken window handles, damp and mould visible on ceiling tiles, a broken dishwasher in the kitchen and the laundry room had been without suitable flooring. The manager and external manager had been aware of the maintenance and repair issues in the house and a number of these had been the responsibility of the Child and Family Agency as the proprietor.

Three separate and different logs of maintenance and repair requests by the centre had been observed by inspectors. The combination of these logs however did not represent the sum of maintenance and repair issues in the centre. The manager must ensure that a single and comprehensive record is kept of all such repairs, detailing the need for the repair, action taken and the date of completion. The manager must provide the inspectorate with a comprehensive maintenance and repair list and the action undertaken to address these issues.

### **Safety**

All members of the staff team had completed training in first aid. The young person in placement had prescribed medication that was managed and stored securely by the

staff team. The staff team maintained a record for the administration of medication. The inspectors found that the guidance for the administration of medication had been incomplete and required updating following guidance from medical professionals.

A health and safety issue had arisen in the accommodation that led to the transfer of the management, staff and young person to suitable accommodation on a temporary basis. It was evident that external services had promptly been put in place to address the issue after it was identified and to assess the suitability of the return of centre operations to this accommodation. Inspectors had been concerned that risk assessments had not been completed by the centre in response to the issue. For example, guidance to the staff team in terms of health, safety and hygiene in the centre had not been set out and the risks involved in the preventative measures in place onsite had not been assessed by the centre management or staff in a formal manner to identify how the risk was to be minimised. The manager must ensure that risk assessments are in place in response to any health and safety issue that arises in the centre.

## **Fire Safety**

The inspectors were satisfied that the centre had taken precautions against the risk of fire, including arrangements for detecting, containing and extinguishing fires and ensuring the maintenance of firefighting equipment. The fire register records demonstrated that a system had been in place for regular fire safety checks to take place in the centre including escape routes, fire extinguishers and emergency lighting. The fire register reflected a fire drill took place shortly after the young person's admission to the centre.

However, a fire exit in the staff bedroom had raised concern for inspectors given that it had been covered by curtains, the exit had been through a locked door without a thumb lock or push mechanism and the exit had not been indicated by running man signs in the corridor. The manager is required to consult with the fire safety officer regarding the fire safety exit and to address the issues outlined should the exit remain part of the centres evacuation plan.

As identified under the team's training and development, three members of the team did not have fire safety training at the time of inspection and others did not have site

specific fire safety training and the action to address this issue as well as preventative measures to avoid any reoccurrence is to be outlined by the manager.

### **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 9, Access Arrangements (Privacy)*

*-Part III, Article 15, Insurance*

*-Part III, Article 13, Fire Precautions*

The centre has not met the regulatory requirements in accordance with the *Child Care (Standards in Children's Residential Centres) Regulations 1996,*

*-Part III, Article 8, Accommodation*

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

### **Required Action**

- The manager is required to provide an up to date report to the inspectorate on the actions taken to provide a homely atmosphere in the centre and details and timeframes of any outstanding action to be taken in this regard.
- The manager must ensure that a single and comprehensive record is kept of all such repairs, detailing the need for the repair, action taken and the date of completion.
- The manager must provide the inspectorate with a comprehensive maintenance and repair list and the action undertaken to address these issues.
- The manager must ensure that the administration of medication guidelines is updated following guidance from medical professionals.
- The manager must ensure that risk assessments are in place in response to any health and safety issue that arises in the centre.
- The manager is required to consult with the fire safety officer regarding the fire safety exit and to address the issues outlined should the exit remain part of the centres evacuation plan.

## 4. Action Plan

Standard	Issues Requiring Action	Response	Corrective Or Preventative Strategies To Ensure Issues Do Not Arise Again
<p><b>3.2</b></p>	<p>Centre management must oversee that suitable practices in respect of the notification of significant events are in place and that the staff team have a concrete understanding of the circumstances that require notification as a significant event.</p> <p>Centre management must ensure that qualifications of staff members are suitably verified.</p>	<p>The centre policy will be complied with fully with respect to the notification of significant events. This issue has been addressed with the staff team at team meetings and the staff team have a clear understanding of the circumstances that require a significant event notification.</p> <p>The required action has been completed.</p>	<p>Centre management and services manager will ensure consistent oversight of all significant event notification records through the use of internal audit tools.</p> <p>Centre Management will ensure that all staff members are appropriately vetted before taking up duties in the centre. A member of Fresh Starts Senior Management Team will ensure that personnel files have been reviewed prior to new staff commencing their duties within the centre.</p>

	<p>The services manager must ensure that the vacant social care worker position is filled by a suitably qualified person as a matter of priority.</p> <p>The manager must ensure that supervision contracts are completed in full at the beginning of the supervision process and that incomplete supervision contracts are revisited with staff members.</p> <p>The centre manager must ensure that supervision of the staff team takes place every four to six weeks and that an effective link between supervision and the implementation of the individual placement plan is evidenced.</p> <p>The manager must oversee that decision making processes and actions are clearly recorded and reviewed</p>	<p>Interviews were completed in April 2017 and offers of employment to a suitable person for this position has been made and vetting is in process.</p> <p>Action has been taken to address this issue.</p> <p>The centre manager has put in place a timetable for supervision to ensure it takes place at regular intervals. Supervision records will evidence that there is a clear link between supervision and the implementation of the placement plan.</p> <p>An outcomes section has been added to the documentation to record decisions made at the team meetings.</p>	<p>The Services Manager will endeavour to ensure that there is a panel of bank staff in place to fill any social care vacancies as they arise.</p> <p>Centre management will ensure that supervision contracts will be completed in full at the beginning of the supervision process in the future.</p> <p>Through review of centre records, centre management will ensure appropriate recording and compliance with the centre's supervision policy.</p> <p>Through ongoing review of centre records and internal centre audits centre management will ensure appropriate records and decision making are evidenced.</p>
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	<p>Centre management must provide details to the inspectorate on the number of staff who require site specific fire safety training at the centre and the action to be taken by management to address this issue.</p> <p>Centre management must ensure that mandatory training is completed promptly by new staff members and renewed by all staff in line with requirements.</p> <p>The centre manager and external manager must undertake more robust oversight of centre administrative files to ensure adherence to centre policies and procedures and recording standards reach a satisfactory level.</p>	<p>All staff have completed fire safety training. The remainder of staff that required training had site specific fire training completed in May.</p> <p>A staff training schedule is in place and staff are scheduled to complete all training and refreshers as required.</p> <p>Monthly audits are in place and demonstrate oversight of administrative files.</p>	<p>Centre staff will be provided with site specific fire safety training refreshers when they fall due.</p> <p>Training records and audits are completed monthly to ensure all staff are scheduled to attend mandatory training prior to the expiration of current training certificates.</p> <p>Centre management and services manager will ensure consistent oversight of all centre records through the use of internal audit tools.</p>
<b>3.5</b>	The Child and Family Agency social worker must ensure that there is clarity for all parties regarding the scheduling of statutory care plan and care plan review	The Child and Family Agency social work department has communicated to the centre that monthly strategy meetings will take place and statutory child in care review	This issue for action has been addressed.

	<p>meetings.</p> <p>The Child and Family Agency social worker is required to provide the statutory care plan to the centre manager as a matter of priority.</p> <p>The Child and Family Agency social worker must address the young person's preparation for leaving care and aftercare planning through the statutory review process and in consultation with the young person, their family and professionals involved to provide clear direction to the work of the centre</p> <p>The Child and Family Agency principal social worker must ensure that the young person is allocated an aftercare worker in line with the national policy.</p> <p>The manager must ensure that a record of every visit to a young person by the supervising social worker is entered in the</p>	<p>meetings will be convened at three monthly intervals.</p> <p>The social work department issued the young person's statutory care plan to the centre.</p> <p>The social work department have made efforts to discuss aftercare with the young person and the allocated social worker is attempting to complete the young person's aftercare plan. The matter has been referred to the resource panel for after care.</p> <p>The young person has been referred for an aftercare worker and this issue has been escalated to the area manager.</p> <p>The manager will ensure that all visits are recorded in the centre's care files inclusive of any actions to be taken as a result of the</p>	<p>Action has been taken and this issue has been addressed.</p> <p>Corrective or preventative strategies to ensure issue does not arise again had not been submitted by the social work department.</p> <p>Action has been taken to address this issue.</p> <p>Action has been taken to address this issue.</p>
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	<p>centre's care file, together with details of any action taken as a result of the visit.</p> <p>Centre management must ensure that a framework is in place that assesses the young person's independent living skills and areas for development in preparation for leaving care as a working tool for the staff team.</p>	<p>visit.</p> <p>A needs analysis will be completed in consultation with the Child and Family Agency to assess the young person's independent living skills. To be completed by 30<sup>th</sup> June 2017.</p>	<p>Centre management will ensure that the completed needs assessment is shared with the care team and relevant professionals to ensure there is a structure in place to prepare the young person for leaving care.</p>
<b>3.10</b>	<p>The manager is required to provide an up to date report to the inspectorate on the actions taken to provide a homely atmosphere in the centre and details and timeframes of any outstanding action to be taken in this regard.</p> <p>The manager must ensure that a single and comprehensive record is kept of all such repairs, detailing the need for the repair, action taken and the date of completion.</p>	<p>Additional soft furnishings and pictures have been purchased and painting has commenced internally and externally. A schedule of works will be sent to inspectors for review. The centre manager has communicated with TUSLA's maintenance department and is awaiting dates for works to be completed.</p> <p>A single maintenance book is in place and is cross referenced with the health and safety register.</p>	<p>Centre management will maintain oversight of all maintenance and issues that contribute to the centre environment and take any necessary actions in a timely manner.</p> <p>Centre management and services manager will ensure consistent oversight of all health and safety related issues through the use of internal audit tools and regular review.</p>

	<p>The manager must ensure that the administration of medication guidelines is updated following guidance from medical professionals.</p> <p>The manager must ensure that risk assessments are in place in response to any health and safety issue that arises in the centre.</p> <p>The manager must provide the inspectorate with a comprehensive maintenance and repair list and the action undertaken to address these issues.</p> <p>The manager is required to consult with the fire safety officer regarding the fire safety exit and to address the issues outlined should the exit remain part of the centres evacuation plan.</p>	<p>The administration of medication guidelines were reviewed by the young person's specialist medical practitioner in May 2017.</p> <p>The manager will ensure that all risk assessments in response to all health and safety issues are completed in a timely manner.</p> <p>The centre has communicated with TUSLA's maintenance department and is awaiting dates for works identified to be completed. The maintenance and repair list was forwarded to the registration and inspection service on 9<sup>th</sup> of June 2017.</p> <p>The fire safety officer from the contracted fire safety provider visited the centre on 30<sup>th</sup> of May 2017. The corrective action will be completed by 30<sup>th</sup> of June 2017.</p>	<p>Action has been taken to address this issue.</p> <p>Centre manager and services manager will ensure consistent oversight of all health and safety issues through the use of internal audit tools and regular review.</p> <p>Centre manager and services manager will ensure consistent oversight of all health and safety relegated issues through the use of internal audit tools and regular review.</p> <p>Centre manager and services manager will ensure consistent oversight of all health and safety related issues through the use of internal audit tools and regular review.</p>
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