



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Registration and Inspection Service

Children's Residential Centre

Centre ID number: 057

Year: 2017

Lead inspector: Lorna Wogan

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Registration and Inspection Report

Inspection Year:	2017
Name of Organisation:	Gateway Organisation Ltd
Registered Capacity:	Special Arrangement Two Children
Dates of Inspection:	5th and 6th of September 2017
Registration Status:	Registered without attached conditions from the 19th of August 2016 to the 19th of August 2019
Inspection Team:	Lorna Wogan
Date Final Report Issued:	14th of March 2018

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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 children 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 children 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 Centre Description

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 operation of the centre in line with its registration. The centre was granted their first registration in June 2012. The centre was re-registered in August 2016 following an application to register the centre as a special arrangement for two children aged five and nine years on admission. Registration was granted without attached conditions for a period of three years from the 19th August 2016 to the 19th August 2019. At the time of this inspection the centre were in their second registration and were in year two of the three year cycle.

In November 2016 a year-one inspection examined standards one, two, five, six, seven and eight of the National Standards For Children's Residential Centres and this report can be accessed on the Tusla.ie website. The inspector was satisfied that all but one of the actions required had been addressed. The one outstanding action related to the storage of archived files and this matter has been highlighted once again in this inspection report and must be prioritized for action by the director of services.

This inspection in year two was announced and took place on the 5th and 6th September 2017. It involved a review of policies and practices as governed by standards two, five and six of the National Standards For Children's Residential Centres and the accompanying regulations. These standards examined the governance and management of the centre, planning for children and care of the children.

The children were placed from another jurisdiction and consent to place the children was secured in accordance with the requirements of Article 56 of EC Regulation 2001/2003 from the competent authority in Ireland, that is, Tusla the Child and Family Agency. The purpose of the placement was to provide medium-term care within a therapeutic care environment for the children. The children were in placement for 12 months at the time of the inspection.

The centre aimed to provide a high quality standard of care that was responsive to the individual needs of the children within a safe, supportive, child-centered environment. The centre aimed to operate a model of care where community integration was highly valued within a therapeutic model of care. The staff team aimed to increase protective factors and promote resilience by providing a safe environment, access to positive role models, opportunities to learn and develop skills

and to build a sense of attachment and belonging. The approach to working with the children was informed by attachment and resilience theories. An external psychologist, programme coordinator and attachment specialist provided external guidance and support to the centre manager and staff team to develop assessment and recovery plans based on the individual needs of the children.

1.2 Methodology

The report is based on a range of inspection techniques including:

- ◆ An examination of pre-inspection questionnaire and related documentation completed by the acting centre manager.
- ◆ Consultation with the lead inspector with responsibility for oversight of the significant event notifications from this centre.
- ◆ An examination of the questionnaires completed by:
 - a) Eight of the ten care staff
 - b) The acting centre manager
 - c) The director of services
 - d) The two children residing in the centre
 - e) The social worker with responsibility for the children residing in the centre.
 - f) The assessment co-ordinator
- ◆ An examination of the centre's files and recording processes outlined below:
 - Individual care files
 - Supervision records
 - Handover records
 - Team meeting records
 - House meeting records
 - Petty cash records
 - Significant event logbook
 - Physical intervention logbook
 - Staff rosters
 - Visitor's logbook

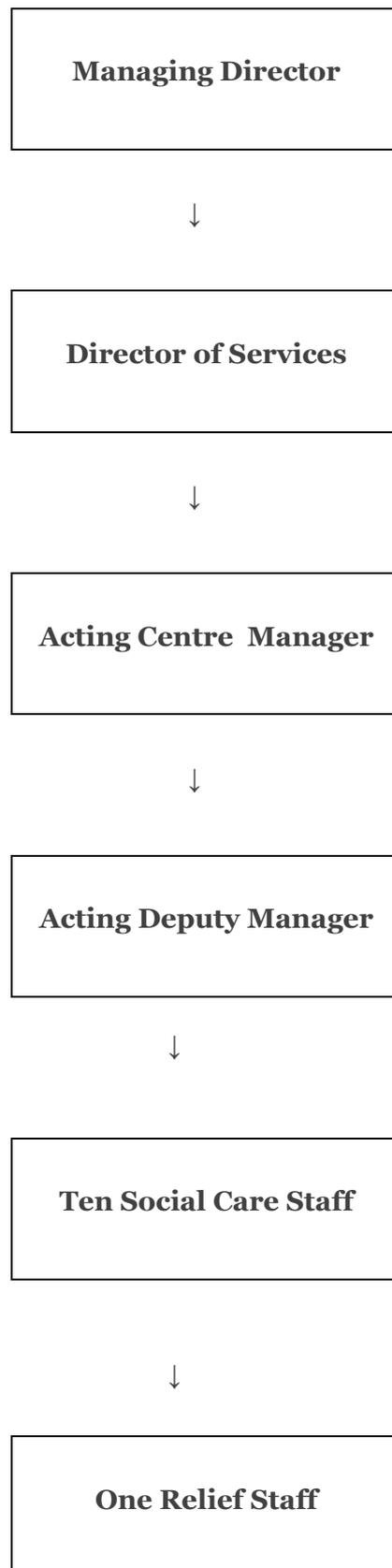
- ◆ Interviews with relevant persons that were deemed by the inspection team as to having a bona fide interest in the operation of the centre including but not exclusively
 - a) The acting centre manager
 - b) Three social care staff
 - c) The director of services
 - d) The assessment coordinator
 - e) Two of the children in placement
 - f) The allocated social worker for the children

- ◆ Observations of care practice routines and the staff/children'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 children, staff and management for their assistance throughout the inspection process.

1.3 Organisational Structure



2. Findings with regard to registration matters

A draft inspection report was issued to the centre manager, director of service and the relevant social work departments on the 14th February 2018. The centre provider was required to provide both the corrective and preventive actions (CAPA) to the inspection service to ensure that any identified shortfalls were comprehensively addressed. The suitability and approval of the CAPA based action plan was used to inform the registration decision. The centre manager returned the report with a satisfactory completed action plan (CAPA) on the 28th February 2018 and the inspection service received evidence of the issues addressed.

The findings of this report and assessment by the inspection service of the submitted action plan deem the centre to be continuing to operate in adherence to the regulatory frameworks and Standards in line with its registration. As such it is the decision of the Child and Family Agency to register this centre, ID Number: 057 without conditions pursuant to Part VIII, 1991 Child Care Act. The period of registration being from the 19th of August 2016 to the 19th of August 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 children. There are appropriate external management and monitoring arrangements in place.

3.2.1 Practices that met the required standard in full

Management

There was a clear management structure in place and there was evidence that management provided good leadership and external oversight of the centre. The director of services had oversight of the centre through weekly written progress reports on the children, monthly audit returns, formal supervision of the centre manager and regular telephone contact.

There was evidence that the company director and the director of services had between them visited the centre on six occasions since the last inspection in November 2016. The monthly reports to the director of services covered areas such as financial records, medical appointments and assessments, accidents, incidents, medical records, complaints, fire safety, health and safety, restraints and child protection concerns. The director of services was responsible for the oversight of six residential centres in the region and for recruitment, training and development of staff. The director of services reported to the managing director on a monthly basis.

The inspector found that the director of services had good knowledge of all operational aspects of the centre. Monthly audit reports captured a range of information in relation to the operation of the centre and the care of the children in placement. The children in placement were familiar with the director of services and the director met with the children in placement on visits to the centre.

The centre had a change of manager in 2017 and the services programme coordinator undertook the role of acting manager in the intervening period until the appointment of the current manager. The current centre manager had over five years post qualifying experience in residential care and had the required social care qualification. The centre manager was appointed in an acting capacity as they had

not achieved the required supervisory experience for a permanent appointment in management. The inspector found evidence that the director of services and the programme coordinator provided additional guidance and support to the centre manager during the initial induction into this role. The manager was also enrolled in a level nine leadership learning and development training module in conjunction with the local third level college to further enhance their management skills.

There was evidence the centre manager was present in the centre Monday to Friday during office hours. Staff interviewed stated that the centre manager was accessible to them on a daily basis and provided guidance, support and direction.

There was an appointed acting deputy centre manager who supported the acting centre manager and deputised in their absence. The deputy had the required qualification and experience but like the centre manager had no previous supervisory experience and received additional support to assist them in their role from the centre manager and other senior staff within the organisation. There was evidence of regular communication between the centre manager and their deputy manager.

The centre manager reported to the director of services who in turn reported to the managing director. The centre manager participated in monthly management meetings where issues pertaining to staffing, policies and procedures, training and report writing were discussed. The minutes of the management meetings confirmed this. The monthly management meetings also afforded the centre manager an element of group supervision. There was evidence of good communication between the deputy manager and the centre manager and evidence that the centre manager sought support and guidance from other experienced managers within the service.

While the centre manager had no previous management experience and was recently appointed the inspector found the centre was well managed and the new manager was well established in their new role. The centre manager was confident in their style of leadership and aware of their responsibilities in terms of the overall governance of the centre. There was evidence of the manager's oversight of centre records.

Communication between the centre manager and the staff team was clear, regular and of good quality. There were systems in place to ensure oversight of care practices. The centre manager was familiar with the day-to-day running of the centre and the needs of the children. The centre manager attended handover meetings, team

meetings, care planning meetings and reviewed all care and administrative records generated at the centre.

Register

The centre manager maintained a register outlining the required information relating to the admission and discharge of children from the centre. The inspector found it was completed in line with the regulations and was up to date and complete.

There was a system in place where duplicated records of admissions and discharges were kept centrally by TUSLA, the Child and Family Agency.

Notification of Significant Events

Significant event notifications were reviewed by the Tusla registration and inspection office and the national significant events notification team. The lead inspector for the oversight of significant event reports arising within the centre stated that incidents were well managed by the staff team with appropriate follow up and oversight by the centre manager. They reported that the centre manager had a good understanding of what was required to be notified and was aware of their role in terms of quality assuring both practice and recording in relation to significant events.

Significant events were appropriately notified to the relevant persons. The social worker told the inspector they were satisfied they were notified of all incidents in a timely manner.

The centre records evidenced a significant decrease in incidents in the past twelve months. There was evidence that both children had settled considerably in their placement due to the interventions and on-going consistent and solid work of the staff team which did not appear to be unduly affected by the change in manager. Significant events related to incidents of behaviours that challenge, health and safety concerns and physical restraints.

A review of significant events during the inspection evidenced that incidents were managed in line with agreed responses outlined in behaviour management plans and in line with the centres care approach. The inspector found there was clarity in relation to the thresholds for reporting such events. The centre manager stated they regularly monitor the thresholds for reporting significant incidents. Risk assessments and safety plans were updated as required following significant events. External

oversight of significant events was undertaken by the director of services and the service programme co-ordinator who was also an experienced TCI trainer.

There was evidence that the significant event logbook was maintained at the centre and was signed off by the director of services. This logbook corresponded to the significant event reports on file. Significant events could also be cross referenced with the weekly progress reports that were forwarded to the social work department.

The centre manager also completed matrix returns to the referring authority on a monthly basis that included data on significant events. This provided additional external oversight of all such events by the placing authority.

Staffing

There was a significant turnover of staff over the past twelve months with a total of twelve staff members including the centre manager leaving the service. Exit interviews were evidenced on file for a number of staff who had resigned their post and the information from these interviews provided useful feedback for the service director in relation to the recruitment and retention of staff at the centre. At the time of the inspection the director stated they were confident that the team had stabilised over the past three months and while not yet fully consolidated the director had confidence in the managers and the staff team. The centre manager described the team as being in the 'forming stage' of development however the manager was confident of the skills mix within the team and the focus of teamwork at this time was to maintain consistency of practice and develop a cohesive staff team.

There was a sufficient number of staff in place to deliver the service with a number of experienced social care staff on the team. There was a staff ratio of 2:1 for one child and 1:1 for the second child in placement. Staffing levels were approved and agreed with the placing authority. There were three staff members on duty each day with two staff on sleep-over duty. Following interviews with staff, observations of practice and review of inspection questionnaires completed by staff the inspector found the team to be well motivated in their work and committed to providing a high standard of care for the children. The staff members interviewed by the inspector were aware of their roles, responsibilities and the reporting structure.

Ten staff personnel files were subject to inspection. The inspector found that staff files included the required information including Garda vetting, three written and verified references and evidence of qualifications.

All staff were appropriately qualified and one experienced long-standing staff member was currently being supported by the service to complete their degree in social care practice.

The organisation had a structured induction process and new staff also participated in an on-site induction process. The centre manager had undertaken induction with two new staff members to date and a record of the induction process was evidenced on the staff personnel files.

There were no disciplinary procedures initiated against any staff member at the time of the inspection.

Training and development

There was an effective on-going staff development and training programme for the care and education of staff. The centre manager maintained a training log that was examined by the inspector which outlined the training undertaken by staff and assisted in tracking the status of core training. Supervision records also identified additional staff training requirements. Core training in the management of behaviours that challenge, child protection, fire safety training and first aid was completed by the team. One staff member had yet to undertake child protection training and six staff members were scheduled to undertake first aid training at the end of September 2017. Staff members were also facilitated to participate in relevant HSE training programmes such as applied suicide intervention skills training and understanding self harm.

Attachment training was undertaken every three weeks approximately. The centre manager stated that they had regular contact and communication with their attachment specialist. Key guidance and direction arising from this training was recorded in the centre and the training dates were evidenced on file. The centre manager stated that the director of services supported staff training and development. There was evidence from centre records and interviews with staff that attachment training and the attachment based responses were central to the care approach.

The director of services had secured a level nine leadership learning and development training module for senior staff within the service that was due to commence in October 2017 in conjunction with the local third level college. The centre manager was enrolled to commence this training course.

3.2.2 Practices that met the required standard in some respect only

Supervision and support

The centre had a written policy in relation to supervision. Supervision records for seven staff members including the centre manager were inspected. The supervision records evidenced that the centre manager provided regular supervision to all staff members in line with the timeframes set out in the policy. The supervision schedule was displayed in the staff office. The centre manager had no formal training in the provision of staff supervision and the director of services should ensure that the manager and the staff team are provided with training in supervision practice.

Staff interviewed informed the inspector they found supervision supportive and that it provided them with clear guidance and feedback in relation to their work. Supervision records were overall of a good quality with evidence of focus on self care, issues relating to the children, organisational and team issues, key policies and training needs. There was evidence from the records that staff were making good use of the supervision process. The inspector found evidence that how the placement planning process is reviewed through supervision needs to be improved. Individual work and key-work as set out in the children's placement plan was not consistently evaluated and reviewed with the staff supervision process. Supervision records must evidence in a more consistent manner that key-work and individual work as set out in the placement plans has been subject to monitoring, review and evaluation by the centre manager with each member of staff as set out in the standards.

The inspector found there were good communication systems in place between the director and the centre manager. The centre manager was supervised by the director of services and received supervision on a monthly basis since their appointment. These supervision records were made available for inspection. Supervision with the manager included a review of the children and their placement within the centre, the managers own well-being and development, staff well-being and development and their training needs. Additionally, the director chaired monthly management meetings and managers across the service attended. This meeting also afforded elements of group supervision for the centre manager. Minutes of management meetings were made available to the inspector for review and were of good quality.

There were effective communication systems in place. Team meetings were held on a monthly basis. The minutes of the meetings showed good discussion about issues including the children, health and safety, risk management and review of significant

events, complaints and child protection concerns. The inspector found that the minutes did not identify a list of actions to be taken following the meeting, identify the person responsible and the timeframe for completion in order to monitor progress and ensure actions were completed within agreed timeframes.

Handover meetings were held on a daily basis. The inspector attended a handover meeting and found that staff shared information about the children and the tasks required to be completed. The handover records were structured to ensure all areas of work and all tasks were completed and/or handed over to staff coming on duty. Staff outlined that the handover meeting provided clarity among the team in relation to the tasks which needed to be completed during the shift.

On-call support was delivered to the staff team on a rotational basis outside of office hours by the centre manager and other managers within the organisation. The on-call roster was displayed in the staff office. Staff members had access to the directors contact details should they wish to engage with them directly on any matter.

The service had a written policy on managing stress for staff that may experience stress or injury in the work environment. Debriefing was provided to staff members by the centre manager where they had experienced a challenging or stressful event in the centre.

The staff handbook and individual contracts outlined the terms and conditions of employment for staff. The centre manager received appropriate guidance and support when dealing with matters relating to employment law.

Staff questionnaires and interviews reflected a positive and supportive working environment.

Administrative files

The inspector examined a range of administrative files and records including daily logs, petty cash records, visitor's logbook, sanctions logbook, physical intervention logbook, handover records and minutes of staff meetings and house meetings. Files and records were well organised and maintained to facilitate effective management and accountability. There was evidence of oversight of records by the centre manager and the director of services.

There were clear financial management systems in place in the centre which involved the use of petty cash and receipts. Petty cash records evidenced the day-to-day expenditure at the centre. Records were also maintained of monies provided to the children for pocket money and other expenditure. The inspector found that these systems ensured accountability in relation to expenditure in the centre. The centre manager and staff interviewed stated that the budget was adequate for the purpose and function of the service.

The centre manager stated that files and records were kept in perpetuity however the inspector found that archived records and files stored in the centre were not stored using an appropriate medium such as secure/fire retardant cabinets, an issue that must be addressed by the director of services. This is an action outstanding following the previous inspection undertaken in November 2016.

3.2.3 Practices that did not meet the required standard

None identified.

3.2.4 Regulation Based Requirements

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

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

Required Action

- The director of services must ensure that the centre manager and staff team receive training in supervision practice.
- The centre manager must ensure that supervision records evidence in a more consistent manner the link between supervision and the implementation of individual placement plans for the children.

- The centre manager must ensure that the minutes of staff meetings identify a list of actions to be taken following the meeting, identify the person responsible and the timeframe for completion in order to monitor progress and ensure actions were completed within agreed timeframes.
- The director of services must ensure the centre records are archived using an appropriate medium such as fire retardant cabinets.

3.5 Planning for Children and Children

Standard

There is a statutory written care plan developed in consultation with parents and children 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 children 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 written policy and agreed procedures describing the admission process. The organisation had systems in place to ensure pre-admission risk assessments and placement mix assessments were undertaken prior to accepting referrals for admission. The centre was registered as a special arrangement therefore was not open to referrals in the context of this registration.

The social worker with responsibility for the children in placement confirmed they were satisfied the children were well cared for in the centre and had made steady progress to date. The social worker stated that while the children's behaviour was of on-going concern they were satisfied that the staff had good knowledge and understanding of the children's needs and had the skills and capacity to meet these needs. The social worker confirmed that they had assisted the children to understand the reason for their placement in care. They confirmed the children were settled and stable in their placement and continued to benefit from the care they received.

The centre had child-friendly information booklets describing all aspects of centre-life and there was evidence on the care files that key-workers helped the children understand this information when the children were admitted initially.

There were social history reports, court reports and assessment reports on file that provided staff with adequate information on both children and this was made available to the centre at the point of referral.

Statutory care planning and review

The individual placements were supported by a statutory comprehensive written care plan developed by the placing authority. The care plans were up to date and of a good quality and addressed key areas in the children's life such as educational, social, emotional, behavioural and health requirements. The care plans identified how the placement would support and promote the welfare of each of the children.

The inspector found the children's care plans were subject to formal, systematic and regular reviews in accordance with the legislation. Statutory reviews were undertaken every six months and monthly care planning meetings were undertaken with the placing authority. The centre manager confirmed that they received minutes of review meetings from the social worker. The social worker confirmed that the centre provided comprehensive written reports for all statutory review meetings and this was confirmed by the inspector.

There was evidence that the social worker consulted with parents and significant others in the development of the statutory care plans. The children did not attend their care plan reviews due to their age however the social worker met with them and consulted with the children prior to review meetings to seek their views and opinions. The children completed consultation forms prior to their statutory reviews. The children were appointed a guardian *ad litem* who met had with them at the centre and explained their role to the children.

Contact with families

The inspector found that the team and social work department worked together to support agreed contact arrangements for family. Family contact was promoted, facilitated and supervised by centre staff and social work staff. There were arrangements in place for the staff to contact the parents on a weekly basis to provide them with a general update on the children. Contact arrangements were subject to

review at statutory care plan meetings and were set out in the statutory care plans. Family contact was supervised and the reason for this had been explained to the children. Separate meetings to review and assess the sibling's placement together were undertaken by the placing authority with the next scheduled meeting in January 2018. The care files held a record of all family contact and outlined the outcome of such contact.

The social worker ensured that the children's parents were kept informed about events in their children's life. The children's parents were invited to participate in care plan review meetings and they attended them occasionally. The social worker confirmed that the parents had access to the minutes of statutory care plan review meetings and weekly reports from the centre.

Supervision and visiting of children

The care records and visitors logbook evidenced that the children were visited by social work personnel on a monthly basis. The social work manager also periodically accompanied the social worker on visits to the centre. The social worker stated that they always asked the children about their welfare and happiness living in the centre. To date the children had not indicated to the social worker that they were unhappy with the care they received. The staff maintained a written record on the children's file of every social work visit together with details of any action taken as a result of a visit. There was evidence that the social worker read the centres records on visits to the centre and signed the records reviewed.

Social Work Role

Standard

Supervising social workers have clear professional and statutory obligations and responsibilities for children in residential care. All children 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 children in placement had a change in social work personnel since the last inspection. The case was allocated to the long-term children in care social work team and the current social worker was allocated to the children in March 2017. The inspector interviewed the social worker and found they were familiar with the children and their progress in placement. The social worker stated they had the opportunity to meet with the children in private at the centre.

The social worker was satisfied that the children were safe and well cared for in the centre by a committed staff team. They were satisfied that they were notified in a timely manner of all significant events relating to the children both verbally and in written reports. There was evidence of good communication and good inter-disciplinary co-operation between the social worker and the centre manager and staff. The social worker received weekly reports on each of the children which were comprehensive and informative.

The social worker confirmed they received regular supervision from their manager in relation to the children's care placement. The social worker scheduled the statutory care plan review meetings and their manager and other relevant professionals attended and contributed to the care plan review. There was evidence that the parents were invited to the statutory care plan meetings their views were represented at the meeting and reflected in decisions taken.

Emotional and specialist support

The provision of emotional support from the staff team was informed by external consultants employed by the service who provided guidance and recommendations for practice when attending meetings and training with the centre manager and staff team. The care staff interviewed found the impact of these consultations to be beneficial in their work in responding to the children's presenting emotional and developmental needs. Guidance from external consultants was documented in the centre. In interview staff demonstrated a good awareness of the children's past history and circumstances that would impact on their emotional well-being. Key work records evidenced staff assisting the children to understand key significant events in their lives. There was evidence from the records that demonstrated efforts of the staff team to engage with the children and interact with them in supportive ways towards building positive relationships.

The children were not engaged in any direct work with the therapeutic team attached to the placing authority however the requirement for direct work was kept under regular review. The social worker stated there was regular consultation with a psychologist attached to the placing children-in-care team. This psychologist was available for consultation to both social work and care staff personnel. The social worker stated that the services attachment consultant would attend the next statutory review meeting to update the placing authority on the attachment based approach undertaken by the team.

The children had allocated key workers who ensured the placement plans were up to date and the goals identified in the placement plan were evaluated and achieved. The placement plans contained standard headings to include physical, emotional and communicative development, education, identity and attachment. Placement plans were reviewed and updated every three months. Areas of work identified in placement plans were delivered through key-working. Key-workers had commenced life story work with the children. From a review of the key-work records the inspector found links between the key-work sessions completed and the children's placement plans. There was evidence of good inter-disciplinary working and well informed therapeutic interventions were established in particular the attachment based responses to the children. Following a review of centre records and the issues that arose for the children in their everyday life the key-workers must ensure that they undertake specific age appropriate work around the issue of bullying with the children in placement.

The internal assessment co-ordinator supported the key-workers to complete specific assessment tools with the children which were then forwarded to the services forensic educational psychologist to inform the 'What Works' assessment. Additional assessments had yet to be completed as part of this overall assessment. The centre manager had scheduled a meeting with the services forensic educational psychologist to ensure they were fully aware of all aspect of this assessment process.

Preparation for leaving care

The children were not at an age for preparation for leaving care. The social worker confirmed that there were no plans to discharge the children in placement in the immediate future. A long term care plan was identified however the social worker stated that the children required further therapeutic intervention prior to transition from their current placement.

There was evidence on the placement plans and in key work/individual work records that staff taught the children a range of life skills appropriate to their age and stage of development.

Discharges

The centre had a written policy on discharges indicating its commitment to ensuring that children leave the centre in a planned and structured way in accordance with

their statutory care plan. There were no discharges from the centre since the previous inspection. The social worker interviewed stated that there were no immediate plans to discharge of the children from the service at this time as they continued to require placement in a residential care setting.

Aftercare

The children currently in placement are not yet eligible for aftercare services due to their age.

Children's case and care records

The children had individual care files that were stored in secure fire retardant cabinets. Key-workers had responsibility for maintaining the care records. The centre manager informed the inspector that they had recently commenced monitoring the care files at the centre to ensure all files were up to date. The key-workers maintained an active key-work file that contained a copy of the most up to date care plan, placement plan, absence management plan, risk assessment and individual crisis management plan. This file was used as the working file for ease of access to the relevant information for key-workers and centre staff. The inspectors examined this file and found it was a useful resource and an efficient way to support and manage key-work. The inspector found that records were written in an appropriate professional manner. The records of house meetings evidenced that the children's views were sought and recorded.

The care files contained the required information such as birth certificates care orders and relevant medical consent forms. Pre-admission medicals were evident on file and a copy of the children's immunisation history was on file at the centre.

All staff signed a confidentiality agreement when they commenced their employment in the centre and this was held on their personnel file. All records relating to children who leave the centre are kept in perpetuity by the service. However, as stated earlier in the report the inspector found the current archiving system at the centre was not safe, robust or compliant with data protection requirements.

3.5.2 Practices that met the required standard in some respect only

None identified.

3.5.3 Practices that did not meet the required standard

None identified.

3.5.4 Regulation Based Requirements

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

Regulations 1995

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

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

-Part V, Article 25and26, Care Plan Reviews

-Part IV, Article 24, Visitation by Authorised Persons

-Part IV, Article 22, Case Files.

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

-Part III, Article 17, Records

-Part III, Article 9, Access Arrangements

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

3.6 Care of Children

Standard

Staff relate to children in an open, positive and respectful manner. Care practices take account of the children's individual needs and respect their social, cultural, religious and ethnic identity. Children have similar opportunities to develop talents and pursue interests. Staff interventions show an awareness of the impact on children 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 inspector observed that staff interactions with the children were appropriate and that staff treated the children with respect and warmth. It was evidence from observations that the children had good relationships with the centre manager and the care staff. The children told the inspector that they felt safe and well cared for living in the centre. The children were familiar with their key-workers and told the inspectors about the role of the key-worker.

There was evidence that staff supported the children to participate in developing their weekly plans and routines and a visual display board of their weekly activities was in each of the children's bedrooms. The staff team maintained 'positive books' for the children and the children read these on a weekly basis. There was a significant emphasis on keeping the children busy and active on a daily basis through outdoor activities and outdoor play. The children had busy active lives that included attendance at school, after school clubs, involvement in local sports clubs and extra-curricular activities such as swimming, horse riding, football, karate and athletics. Staff members encouraged the children to try out new activities and expand their interests and develop their self-confidence.

The children participated in several activity camps over the school holiday periods. The staff team were aware of the importance of engagement in community in terms of helping the children to develop friendships, social and teamwork skills. The children celebrated their birthdays and other festive events in a similar manner to their peers. The staff team recently marked the children's first year in the centre with a special cake and event at the centre. The children were invited to and attended birthday parties of friends from school. The children were provided with opportunities to choose their own clothes and to make choices about their personal appearance with support from the staff. They had their own bedrooms and were given the opportunity to personalise it. They were also provided with the opportunity to select wall murals of their choice which personalised the centre. The children's recovery plan outlined bathing and personal hygiene routines. There was evidence that personal hygiene issues were dealt with sensitivity and with dignity by staff.

The children received pocket money based on their age and they had the opportunity to spend it as they wished. The children could earn additional money when they completed additional tasks in the centre. The staff team should also encourage the children to develop good habits in relation to saving money.

While the children often undertook shared activities the staff were conscious to ensure each child had individual activities, responsibilities and expectations based on their age and stage of development. The children were able to identify to the inspector a number of staff members they would talk to if they felt sad or upset about something.

Provision of food and cooking facilities

The children were provided with a varied and nutritious diet. Food was varied and the children expressed their preferences regarding food. There was evidence that the children had access to healthy snacks in between mealtimes. The children were encouraged to participate in shopping and meal preparation.

There was an established culture where staff and children sit and eat meals together on a daily basis. The inspector joined the staff and children for dinner at the centre and observed them relating to each other in a relaxed manner. The kitchen in the centre was clean, spacious and was maintained to a good standard. The staff maintained a food diary for each child to track and monitor food intake and eating habits.

Race, culture, religion, gender and disability

The centre had a written policy on anti-discrimination practice. The children were from a specific cultural background and staff displayed an awareness and sensitivity to their culture and heritage.

Inspectors found that the staff ensured in so far as possible that the children enjoyed the same opportunities as their peers in the community and were not subject to any form of discrimination. The children were supported to practice their religion.

Managing behaviour

The centre had a written policy on bullying, sanctions and approach to managing behaviours that challenge. There was evidence that staff helped the children understand behaviours that were expected of them and the inspection questionnaires completed by the children evidenced that they were clear about these expectations. Praise and positive reinforcement were key features of supporting the children to make positive choices around their behaviour. Staff interviewed understood that the children at times become overwhelmed by their feelings and emotions and the staff helped the children to identify the feelings behind the behaviours. Team consultation with the centre's attachment specialist provided opportunities for the staff to reflect on the children's presentation and further develop their responses to the children based on their presenting needs. There was evidence of positive reflective discussions with the children following a challenging event and each incident was valued as an opportunity for the children to learn a more appropriate way of dealing with issues.

The staff team also utilised a number of plans to ensure the children's behaviour was appropriately managed such as, individual crisis management plans, absence management plans, risk assessments and recovery plans. The individual crisis management plans were updated regularly and reflected any changes in approach where required.

There was evidence that the staff team did not rely on sanctions as a means of managing behaviour that challenged. The inspector found that the team relied on relationship building, de-escalation techniques, humor, prompting and caring gestures as a core feature of their practice in helping the children to avoid getting into the conflict cycle. Staff interviewed were aware of permitted and prohibited sanctions and staff maintained a record of all consequences/sanctions employed to help the children to learn more positive behaviours. There was evidence that staff used natural positive consequences to address poor behaviour. There was evidence of consistent work with the children in relation to teaching them to be mannerly and polite in their interactions with others.

Absence without authority

The staff were familiar with the national protocol for children missing from care and were aware of the reporting procedures should a child go missing or absent themselves from the centre. An absence management plan was developed for each child in conjunction with their social worker and the inspector found this plan was subject to regular review. The absence management plans outlined the procedure to follow if the child was absent without authority. The plan included who should be notified and within what timeframe. The inspector found through staff interviews that the team was cognisant of their responsibility to supervise the children constantly to ensure their whereabouts at all times. There were no incidents since the last inspection whereby the children were absent without authority or missing from care.

3.6.2 Practices that met the required standard in some respect only

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 and inspectors found that it was applied in a way that was consistent with

the requirements of the policy. There was evidence on the individual crisis management plans that staff had identified a range of alternative interventions to de-escalate situations before employing a physical restraint. The behaviour support plans identified the specific restraints that had been agreed to be employed should the children require a restraint intervention. Staff interviewed were familiar with the individual crisis management plans. All staff were appropriately and sufficiently trained in the use of physical restraint.

While the children had in the past required restraint interventions the inspector saw evidence that the incidents of restraint had significantly decreased in the past four months. The centre maintained a record of all physical interventions and restraints. The records showed that since the last inspection in November 2016 there were sixty one incidents where staff had to employ a physical restraint intervention to prevent the risk of injury to the child involved. There were forty three restraints in respect to one child and eighteen restraints in respect to the second child. The social worker was notified both verbally and in writing about the restraint interventions employed by staff. The social worker was familiar with the individual crisis management plans in operation in the centre and the centre's approach to managing the children's behaviour.

While there was a system in place for the TCI trainer to have oversight of incidents where physical restraint was employed there was no evidence of this review on the children's records or on the significant event reports. When physical restraint interventions are reviewed by the TCI trainer this review should be evidenced on the file copy of the significant event report.

3.6.3 Practices that did not meet the required standard

None identified.

3.6.4 Regulation Based Requirements

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

-Part III, Article 11, Religion

-Part III, Article 12, Provision of Food

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

Required Action

- The key-workers must ensure that they undertake specific work around the issue of bullying with the children in placement.
- The centre manager must ensure that external oversight of physical interventions is evidenced on the centre records.

4.Action Plan

Standard	Issues Requiring Action	Response with time scales	Corrective and Preventative Strategies To Ensure Issues Do Not Arise Again
<p>3.2</p>	<p>The director of services must ensure that the centre manager and staff team receive training in supervision practice.</p> <p>The centre manager must ensure that supervision records evidence in a more consistent manner the link between supervision and the implementation of individual placement plans for the children.</p>	<p>Supervision training has been scheduled for all the staff team in April 2018.</p> <p>The centre manager has now introduced a more structured supervision session assigning all key workers specific tasks and objectives relating to the implementation and frequency of attachment related individual work being completed with each young person. Care workers that are not key workers are focused on engaging both young people in attachment based individual work and maintaining the structure and routine that has enabled each young person to feel safe and secure in their placement. Supervision continues to be provided every 4-6 weeks for all care workers. Completed September 2017.</p>	<p>There is now a training coordinator dealing with all staff trainings on an annual basis within the organisation.</p> <p>Monthly supervision between centre manager and line manager enables centre manager to track the centre's progress in relation to the implementation of each young person's placement plan. It also guides and supports centre manager to navigate issues relating to the team's performance collectively and as individuals.</p>

	<p>The centre manager must ensure that the minutes of staff meetings identify a list of actions to be taken following the meeting, identify the person responsible and the timeframe for completion in order to monitor progress and ensure actions were completed within agreed timeframes.</p> <p>The director of services must ensure the centre records are archived using an appropriate medium such as fire retardant cabinets.</p>	<p>Structured minutes are compiled consecutively during each monthly team meeting. Duties are delegated between the care workers and minutes of each meeting are read out to provide accountability in relation to tasks that are assigned. All team members are obliged to attend monthly team meetings including relief care workers. Completed September 2017 ongoing.</p> <p>Fire retardant cabinets have been purchased and all files have been transferred. Completed September 2017.</p>	<p>Strict attendance and a clear process of accountability will ensure that issues will be followed up in a timely manner. These are paid hours and meetings take place in the company head office or at the centre.</p> <p>Files have been archived in suitable storage cabinets.</p>
3.6	<p>The key-workers must ensure that they undertake individual work around the issue of bullying with the children in placement.</p> <p>The centre manager must ensure that external oversight of physical</p>	<p>Individual work around bullying is an ongoing piece completed by key workers. This is evident in recent events within the centre. These events would suggest that this work has been effective in enabling one of the children to be open with care workers in relation to the topic of bullying. Completed September 2017 and ongoing.</p> <p>Physical restraint interventions have not been required to support behavior since May 2017.</p>	<p>Ongoing review of care plan objectives in supervision enables the key workers to be aware that bullying may be a prevalent issue for each young person as they get older and this has been evident</p> <p>Organisational structure greatly improved and the centre manager has regular access to</p>

	<p>interventions is evidenced on the centre records.</p>	<p>However, this required action has been duly noted and communication is ongoing between the centre manager and the organizations TCI trainer in relation to current SEN's and presentation of both young people from week to week. Ongoing action.</p>	<p>the organizations fulltime TCI trainer.</p>
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