



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Registration and Inspection Service

Children's Residential Centre

Centre ID number: 040

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:	Two young people
Dates of Inspection:	1st and 2nd of August 2017
Registration Status:	Registered from the 13th of January 2016 to the 13th of January 2019
Inspection Team:	Lorna Wogan
Date Report Issued:	Final report issued 5th of February 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 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 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 ongoing operation of the centre in line with its registration. This inspection was announced and took place over two days on the 1st and 2nd of August 2017.

The centre was first registered in January 2013 and subsequently relocated to new premises in July 2014. It was registered to provide medium to long-term residential care for up to two young people aged between nine and fourteen years on admission. Placements were provided to both males and females. At the time of this inspection there were two young people in placement. One young person was in placement in the centre over four years and the other young person was in placement over two years.

The approach to working with young people was informed by attachment and resilience theories with the over-arching approach based on positive behaviour support. The attachment-based approach was supported and guided by an external specialist in the area of attachment disorders. The centre offered an evidence-based approach to ‘What Works’ in residential care and the assessment identified both protective and risk factors. 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 centre’s second and current registration status is from the 13th of January 2016 to the 13th of January 2019. This inspection was announced and involved a review of policies and practices as governed by standards two, five and six of the National Standards For Children’s Residential Centres (2001) and the accompanying regulations. The standards inspected related to management and staffing, planning for children and young people and care of young people.

1.2 Methodology

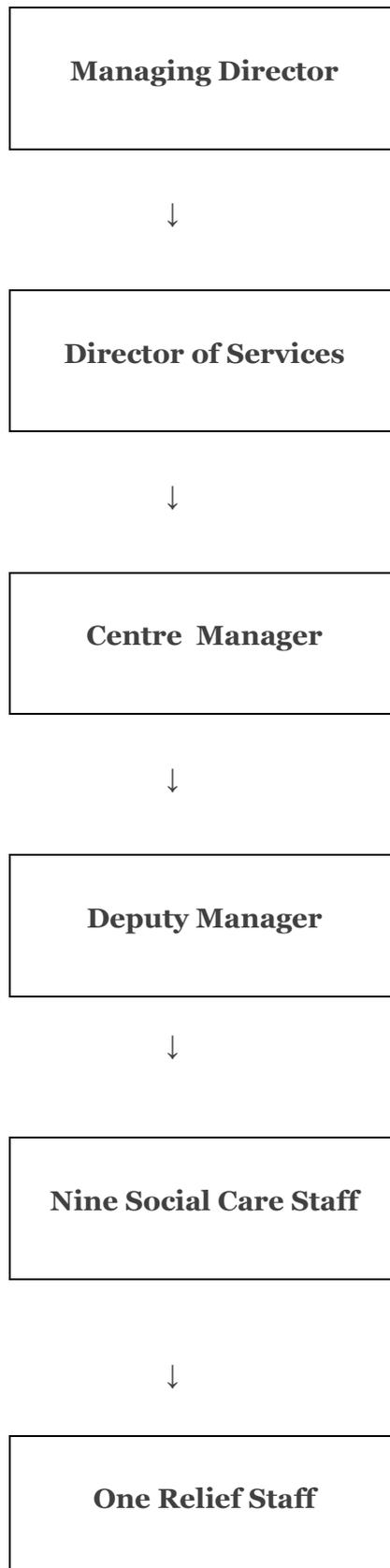
The report is based on a range of inspection techniques including:

- ◆ An examination of pre-inspection questionnaire and related documentation completed by the 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) Nine of the care staff
 - b) The deputy manager
 - c) The director of services
 - d) The service assessment co-ordinator
- ◆ An examination of the centre's files and recording process.
- ◆ Interviews with relevant persons that were deemed by the inspection team as to having a bona fide interest in the operation of the centre including but not exclusively
 - a) The centre manager
 - b) The director of services
 - c) The deputy manager
 - d) The assessment coordinator
 - e) One member of the social care team
 - f) Two of the young people in placement
 - g) The social workers with responsibility for the young people
- ◆ Observations of care practice routines and the staff/young person's interactions.

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

The inspector 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.

1.3 Organisational Structure



2. Findings with regard to registration matters

A draft inspection report was issued to the centre manager, director of services and the relevant social work departments on the 29th of November 2017. 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 completed action plan (CAPA) on the 15th December 2017.

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. The period of registration being from the 13th of January 2016 to the 13th of January 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 manager maintained a register that outlined the required information relating to the admission and discharge of young people from the centre. The inspector found it was completed in line with the regulations and was up to date and complete.

The register recorded two admissions to the centre since its initial registration in January 2013. The register showed that there were no discharges from the centre.

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

The centre had a written policy regarding the notification of significant events and written guidance for staff that detailed what constituted a significant event.

Significant events were appropriately notified to the relevant persons. Social workers told the inspector they were satisfied they were notified of all incidents in a timely manner and written reports contained sufficient and appropriate information. The centre manager stated that social workers responded to notifications and sought further clarification if required.

The centre records evidenced a continued decrease in incidents in the past twelve months. There were nine significant events reported to date in 2017, six relating to one young person and three relating to the other young person. Social workers stated this was a good indicator of the progress both young people had made over the past

twelve months. Significant events related to incidents of behaviour that challenged and health and safety concerns.

Significant event notifications were monitored and reviewed by the Tusla registration and inspection office and the national significant event notification team. The lead inspector responsible for the review of significant events reported that incidents were well managed by the staff team with appropriate follow up and oversight by the centre manager. Notifications were made to the relevant parties that included the social worker, lead inspector, programme coordinator, director of services and the national significant event notification team.

A review of significant events by the inspector showed that events were managed in line with the centres care approach. Risk assessments were generally updated as required following significant events however the inspector found one incident that had not been adequately risk assessed following the event. The centre manager must ensure that all significant events are appropriately risk assessed and managed to minimise the likelihood of identified risks reoccurring.

The director of service and the service assessment co-ordinator undertook external oversight of significant events. There was evidence that the director of services monitored the significant event logbook periodically.

The staff team maintained a register of significant events and this record corresponded to the significant event reports on the care files and the records in the daily logbooks. Significant events could also be cross-referenced with the monthly progress reports forwarded to the social work department.

Training and development

The inspector found there was an effective ongoing staff development and training programme for the care and education of staff. Core training in the management of behaviours that challenge, child protection, fire safety training and first aid was provided for the team. Staff had received fire safety training in March 2017. The required core training and refresher training in behaviour management was undertaken by staff. Training dates had been identified in August and September 2017 for staff to undertake both core and refresher child protection training and first aid. Supervision records also identified staff training requirements and certificates on personnel files evidenced training undertaken. At the time of the inspection the

centre manager was awaiting a number of training certificates however there was additional evidence at the centre that training had been undertaken.

Staff and managers participated in staff supervision training in June 2016. Staff had received training in the safe administration of medication and a staff member had undertaken HACCP food hygiene training. Staff members were facilitated to attend HSE training to support young people who self-harm and suicide intervention skills training.

Staff had participated in five attachment training sessions over the past ten months with the services external attachment specialist. Two-day core training in attachment was scheduled for the team in September 2017. Staff were also provided with circle of courage training in 2017. The inspector advised the centre manager to develop a template to evidence all the training undertaken by the team rather than relying on certificates on the personnel files as these were not always provided in a timely or consistent manner.

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 September 2017 in conjunction with the local third level college. Three members of staff from the team will participate in this training programme.

There was evidence that unqualified staff were supported to undertake qualifying training and staff members supported to do post graduate training consistent with the need for continuity of the service. The centre manager stated that the director of services supported staff training and development and the inspector saw evidence of this through the centres recording systems.

3.2.2 Practices that met the required standard in some respect only

Management

There was a clear management structure in place and the inspector found that management provided effective leadership to the staff team. There was good external oversight of the centre. The director of services had oversight of the centre through weekly written reports on the young people, monthly structured reports on centre operations, formal supervision of the centre manager, regular telephone contact and occasional visits to the centre. The monthly audits to the director of services provided an overview of financial expenditure, medical/specialist appointments,

assessments, care reviews, family contact, accidents/ incidents, complaints, visitors to centre, fire safety, health and safety, restraints and child protection concerns. The director of services was responsible for 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 young people in placement. The young people in placement were familiar with the director of services. The inspector found evidence that the director met with the young people in placement on visits to the centre to ensure their views were heard. The director of services was confident that the centre manager and staff were diligent in fulfilling their duties and had assisted the young people in placement to progress their individual development.

The centre manager had seventeen years experience in social care practice and was three years in post as centre manager. The centre manager did not have the required social care qualification however the organisation was currently supporting them to complete a recognised social care qualification. The centre manager had commenced but due to personal circumstances had not completed the course. The centre manager indicated that they intended to recommence the social care training course in new academic year.

The centre manager was present in the centre Monday to Friday during office hours. The inspector found that the manager was familiar with the day-to-day running of the centre and the needs of the young people. From interviews with the deputy manager, staff member on duty and questionnaires completed by staff members it was evident that the centre manager was accessible to the team on a daily basis and provided guidance and direction, however, the inspector found that the oversight of practice by the centre manager was not evident across the centre records.

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 director stated that monthly management meetings also afforded the centre manager an element of group supervision.

There was an appointed deputy centre manager who supported the centre manager and deputised in their absence. The deputy manager had worked in the centre for over three years and had the required experience and qualification for the post. The deputy manager had specific tasks and responsibilities assigned to them in undertaking this role.

Staffing

There was ten social care staff on the team including the deputy manager. Two staff members had level five and level six qualifications in childcare/social care studies. These staff members were currently studying to secure a level seven social care qualification. There was one unqualified staff member on the team and this staff member was enrolled in a recognised social care course and was due to commence training in September 2017. The application for training was evidenced on their personnel file. All other staff members had the required qualifications. The two staff members interviewed by the inspector were aware of their specific roles, responsibilities and the centre reporting structure.

There was a sufficient number of staff in place to deliver the service. There were three staff members on duty each day with two staff covering sleep-over duty. One young person required a 2:1 staff ratio during the daytime, as agreed with the placing authority. There was evidence that the young people had well established bedtime routines and there was no evidence of unsafe or unsettled behaviour at night time therefore two staff on duty throughout the night provided sufficient cover. The inspector examined a number of rosters and found that a consistent stable team was in place.

Social workers told the inspector that the staff team were committed and supportive of the young people and staff were professional and courteous in their approach at all times.

Overall since the last inspection in February 2016 the inspector found there was a stable cohesive staff team in place. Three core staff members had left the service over the past nineteen months. Exit interviews were undertaken with these staff members and there were no concerns arising from these interviews.

Personnel files were well organised. The inspector examined four personnel files for staff members recruited to work at the centre since the last inspection. The inspector found that staff files contained the required information including Garda vetting,

overseas police checks where required, curriculum vitae, contract, written and verified references and evidence of qualifications. One staff file did not have a third reference on file however there was evidence the reference had been requested on several occasions. This staff member must provide an alternative referee and the centre manager must secure a third reference as required. One staff file did not have a copy of the qualification certificate on file however an academic referee confirmed that the staff member was appropriately qualified. The centre manager must ensure that evidence of staff qualifications are maintained on personnel files. Evidence of induction training for two of the four new staff members was evidenced on their personnel files. The centre manager confirmed that induction training had been undertaken with all recently recruited staff however the induction checklists could not be located on file. Garda vetting was updated for all members of the team in 2017.

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

Supervision and support

The centre had a written policy in relation to supervision. The inspector found that supervision was provided within the timeframes set out in the written policy. The supervision schedule was displayed in the staff office. The staff team and the centre manager were provided with supervision training within the past fourteen months. Following this training the service updated their supervision recording template.

Both staff members interviewed told the inspector that they found supervision supportive and it provided them with guidance and accountability for their work. Supervision records inspected and were found to be of mixed quality. Some records were clear in outlining main points discussed however others were unspecified about central issues. Professional development and feedback was not consistently evidenced on the records. The supervision records did not consistently evidence that key-work and individual work undertaken by staff was subject to review and evaluation by the centre manager. Supervision records generally did not review the actions agreed at the previous meeting. Tasks and goals set out in the context of formal supervision should be reviewed at future supervision sessions to ensure accountability.

There were supervision contracts in place for all staff however supervision contracts were not reviewed annually in accordance with the centre policy. The centre manager

must ensure that the staff supervision contracts are reviewed on an annual basis with each staff member.

The centre manager was supervised by the director of services and received supervision every four to six weeks and the supervision records were made available for inspection. The inspector found there were good communication systems in place between the director and the centre manager. Supervision with the manager included a review of the young people and their placement within the centre, the managers own well-being and development, staff well-being and development and training needs. Additionally, the director chaired monthly management meetings where managers across the service attended.

There were effective communication systems in place. Team meetings were held on a monthly basis. The staff indicated that the team meeting was an effective forum for communication and planning. The minutes of the meetings showed good discussion about issues including the young people, health and safety, risk management and review of significant events, complaints and child protection concerns. The inspector found that the team meeting minutes did not record a list of actions to be taken following the meeting or identify the person responsible and the timeframe for completion of actions. This should be evidenced on the records in order to monitor progress and ensure actions are 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 young people and the tasks required to be completed over the next twenty four hours. 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. There was a culture within the team of reflecting and debriefing after every shift and staff stated this was an effective support mechanism within the team. Staff questionnaires and interviews reflected a positive and supportive working environment.

Staff were clear what they could do if they had any concerns about practices in the centre. They were aware of their responsibilities to raise concerns about a colleagues practice and were aware of the services whistle-blowing policy outlined in the staff handbook.

There was a system in place to undertake annual staff appraisals. At the time of the inspection there were a number of staff members whose annual appraisal was overdue however the centre manager and director confirmed the outstanding appraisals would be completed in the coming months.

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. All staff had the directors contact details should they wish to engage with them directly on any matter.

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

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.

Administrative files

The inspector examined a range of administrative files and records including daily logbooks, petty cash book, complaint register, handover records, minutes of staff meetings and young people's house meetings. Files and records were well organised and maintained to facilitate effective management and accountability. Care files and administrative records were stored securely. Following a review of the administrative records the inspector found that greater evidence was required of oversight of the administrative records by the centre manager. Such oversight should evidence guidance and direction in relation to staff practice or any comments or observations pertaining to the documents. There was evidence that the director of services had signed a number of the centre logs and registers however there was no written evidence of the outcome of these visits and any changes recommended as a result of such visits.

There were 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. The inspector viewed the recording systems and observed the daily handover of petty cash to staff coming on duty. The inspector found that

these systems ensured accountability in relation to expenditure in the centre. Petty cash was available to support the staff team in their work with the young person such as doing activities together.

Records were also maintained of monies provided to the young person for pocket money and other expenditure. Both young people had individual saving accounts and they lodged savings into their accounts on a weekly basis.

The director confirmed that all records and files relating to the young people would be stored in perpetuity in the organisations main office when they were discharged from the centre.

3.2.3 Practices that did not meet the required standard

None identified.

3.2.4 Regulation Based Requirements

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

The centre has 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 centre manager must complete their qualification training.
- The centre manager must ensure that all staff personnel files contain three references and evidence of qualifications prior to their commencement of employment.
- The centre manager must develop a system to ensure effective auditing of personnel files.
- The centre manager must develop a system for recording annually all training undertaken by staff and for tracking required refresher training.

- The centre manager must ensure that supervision records evidence that staff account for their work with the young people and goals/tasks identified in supervision are reviewed at the following supervision session.
- The centre manager must provide greater evidence of oversight of the administrative records by recording any comments or observations pertaining to the documents.
- The director of services must provide written evidence of the outcome of their visits to the centre and any changes recommended as a result of such visits.

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 written policy and agreed procedures describing the admission process. Referrals to the centre were considered by the director of services, the services forensic psychologist, the assessment coordinator and the centre manager. Following the centres initial registration there were two admissions to the centre. A placement mix assessment was undertaken prior to the admission of the second young person to the centre and this assessment was on file.

The social workers with responsibility for the young people in placement confirmed they were satisfied the young people were well cared for in the centre and the young people's needs were well met. The social workers identified and outlined the progress the young people had made throughout their time in placement. The social workers were satisfied that the staff had good knowledge and understanding of the young people's needs and had the skills and capacity to meet these needs. The social workers confirmed that they had assisted the young people to understand the reason for their placement in care and the social workers confirmed the young people 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 keyworkers helped the young people understand this information when the young people were admitted initially.

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

Contact with families

Family contact was promoted, facilitated and supervised where required by centre staff and social work staff. Where contact is supervised the reason for this had been explained to the young person. Staff facilitated, encouraged and supported direct contact visits and telephone contact with siblings in respect of both young people. Family contact was reviewed at statutory review meetings and set out in the statutory care plans. The care files contained a record of all family contact and outlined the outcome of such contacts. One social worker confirmed they reviewed these records on the care file at the centre and there was evidence of this on the records reviewed.

There was evidence that social workers and staff members actively sought to re-establish and maintain contact with family members and key people within the extended family. Where contact was not permitted the social worker explained the reasons to the young person and these were documented in the care plan.

The centre manager ensured that, where appropriate, parents and significant others were kept informed about events in their child's life and were invited as appropriate to participate in events such as school meetings and functions.

Supervision and visiting of young people

There was evidence that the social work teams monitored the placements closely and visited the young people regularly; generally on a monthly basis. The social workers confirmed that they had the opportunity to meet with the young people in private at the centre. The social workers stated that they always asked the young people if they were happy living in the centre and enquired if they had any complaints about their care to date. The staff maintained a written record on the young people's file of every social work visit and the outcome of these visits.

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 people in placement had an allocated social worker. One of the young people had several changes of social work personnel since their admission to the residential care services while the other young person's social worker had supervised the placement since their admission to the centre. The social work team leaders also visited the centre regularly and were familiar with the care service. The social workers scheduled the statutory reviews and care planning meetings and forwarded the updated care plans following the statutory reviews. The social workers were satisfied that they were informed of any significant changes in the centre for example staff members leaving or new staff employed. They stated they were satisfied that the young people were safe and well cared for in the centre by a consistent stable and committed team. There was evidence that the social workers read the centres records from time to time.

Emotional and specialist support

The inspector observed that staff interactions with the young people were appropriate and that staff treated the young people with respect and warmth. It was evidence from observations that the young people in placement had good relationships with the centre manager and the care staff. The centre manager and the deputy manager had provided significant stability and security for the young people in conjunction with the core team.

Specialist services had been made available to the young people as and when required. The young people did not require any external therapeutic supports at the time of the inspection. The young people were allocated key workers who ensured the placement plans were up to date and the goals identified in the placement plan were evaluated and achieved. There was evidence of good inter-disciplinary working and well informed therapeutic interventions were established in particular the attachment based responses to the young people. The placing authority in respect of one young person in placement conducted therapeutic reviews with the lead

psychologist from the therapeutic services. This psychologist was available to provide support or guidance to the team as and when required.

The internal assessment coordinator supported the keyworkers to complete specific assessment tools with the young people which were then forwarded to the services forensic educational psychologist to inform the 'What Works' assessment.

Life story work was completed and up-to-date for both young people. The life story work was completed in consultation with the social workers.

Preparation for leaving care

The young people were not at an age for preparation for leaving care. The social workers confirmed that there were no plans to discharge the young people in placement in the immediate future.

There was evidence on the placement plans and in key work/individual work records that staff taught the young people a range of life skills appropriate to their age and stage of development. The staff interviewed confirmed that the young people undertake transactions in the bank and supermarket; they tidy their rooms and have a small chore to complete following the main meal of the day. This was confirmed by the young people and observed by the inspector.

Discharges

The centre had a written policy on discharges outlining that the centre will endeavour to ensure that young people do not leave their placement in an unplanned manner. There were no discharges from the centre to date.

Aftercare

Tusla, the Child and Family Agency recently published a new national aftercare policy for alternative care along with a range of supporting documents to inform relevant professionals of the supports available to young people on leaving care. The centre manager was aware of the new aftercare policy and how to access the guidance documents on line. The young people currently in placement are not yet eligible for aftercare services due to their age.

3.5.2 Practices that met the required standard in some respect only

Statutory care planning and review

Both placements were supported by a statutory comprehensive written care plan developed by the supervising social workers. The care plans were of a good quality and addressed all the key areas in the young person'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 young person. The statutory care plans were developed in accordance with the requirements of the legislation. The care plan for one young person was reviewed on a monthly basis due to their age. The care plan for this young person was not updated following the last two monthly reviews and the minutes of these review meetings were not on file therefore any significant changes to the care plan identified at the review were not evidenced on file at the centre. The social workers confirmed that the centre provided comprehensive written reports for all statutory meetings and these were viewed by the inspector.

There was evidence that social workers consulted with parents and significant others in the development of the statutory care plans. The young people did not attend their care plan reviews due to their age however the social workers met with them prior to review meetings to seek their views and opinions. There were plans in place to support one of the young people to commence participation in their care review in the coming months.

The inspector found that both young people's care plans were subject to formal, systematic and regular reviews in accordance with the legislation. One young person was subject to monthly care plan reviews in accordance with the requirements for the placement of children aged twelve years and under in residential care. The other young person had monthly care planning meetings and a statutory review once every six months. The minutes of several care plan reviews in respect to both young people were not on the care files in the centre. Social workers must ensure that minutes of meetings are forwarded to the centre manager in a timely manner.

Children's case and care records

The young people had individual care files that were stored in secure fire retardant cabinets. Records were written in an appropriate professional manner. The information in the care files was difficult to access due to the volume of information

contained on the files. The centre manager informed the inspector that there were plans in place to implement a new filing system to address this matter.

The care files contained copies of the young people's birth certificate and a copy of the care order in respect to one young person was on file. A copy of the full care order in respect to one of the young people was not on file at the centre. The centre manager must obtain a copy of the full care order from the social worker.

The records of house meetings evidenced that the young people's views are sought and recorded. The centre manager was aware that care files are kept in perpetuity and stored in a manner that maintains appropriate levels of privacy and confidentiality about the young people's circumstances. All staff signed a confidentiality agreement when they commenced their employment in the centre and this was held on their personnel 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 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).

Required Action

- Social workers must ensure that care plans are updated following the monthly statutory reviews where there are changes within the care plan and the updated care plans must be forwarded to the centre manager.

- Social workers must ensure that minutes of care planning meetings and reviews are forwarded to the centre manager in a timely manner.
- The centre manager must ensure that care files contain a copy of the relevant care order in respect of the young people in placement.

3.6 Care of Young People

Standard

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

3.6.1 Practices that met the required standard in full

Individual care in group living

The young people in placement had busy active lives that included attendance at school, involvement in local sports clubs and extra-curricular activities that contributed to them developing friendships, social skills and teamwork skills. The young people celebrated their birthdays and other festive events in a similar manner to their peers. The young people were invited to and attended birthday parties of friends in school. The young people 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. The young people had memory boxes where they stored memorabilia and their personal possessions. The young people'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 young people received pocket money based on their age and they had the opportunity to spend it as they wished. The young people also were given a savings allowance that they lodged into their savings account. The young people's bank account statements were stored on their care files.

While the young people often undertook shared activities the staff were conscious to ensure the young people had individual activities, responsibilities and expectations based on their age and stage of development.

The young people were able to identify a number of staff members they would talk to if they felt sad or upset about something.

Provision of food and cooking facilities

The young people were provided with a varied and nutritious diet. Food was varied and the young people expressed their preferences regarding food. The centre staff made a conscious effort not to purchase highly processed foods. The young people were encouraged to participate in shopping and meal preparation. The staff maintained a food diary for each young person to track and monitor food intake and eating habits.

Race, culture, religion, gender and disability

The inspector found that the young people enjoyed the same opportunities as their peers and were not subject to any form of discrimination. Staff had undertaken work with both young people in relation to bullying. Key workers had undertaken some specific work with one of the young people to help them understand the concept of racism. Staff encouraged the young people to practice their religion however both young people generally refused to engage in formal religious practice. The staff should consider alternative ways in which they could support the young people in their spiritual development.

Absence without authority

There were no incidents whereby the young people were absent without authority or missing from their care placement. The staff were familiar with the national protocol for children missing from care and were aware of the reporting procedures should a young person go missing or absent themselves from the centre. An absence management plan was developed for each young person 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 young person was absent without authority. The plan included who should be notified and within what timeframe.

3.6.2 Practices that met the required standard in some respect only

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 young people understand the behaviour that was expected of them. Praise and positive reinforcement were key features of supporting the young people to make positive choices around their behaviour. Staff clearly understood that the young people at times become overwhelmed by their feelings and emotions and the staff helped the young people to identify the feelings behind the behaviours. There was evidence that staff were considered in their responses to young people in crisis. There was evidence of positive reflective discussions with the young people following a challenging event and each incident was valued as an opportunity for the young people to learn a more appropriate way of dealing with issues. Staff stated that there was not a reliance on sanctions to manage challenging behaviours. The inspector examined the sanctions record book and found there was no entries in the book since November 2016 however a review of daily logbooks and other centre records evidenced consequences for poor behaviour that were not recorded in the sanctions logbook or been subject to oversight by the centre manager. The inspector found consequences recorded across other centre documents to be reasonable and fair however they must be recorded in a separate logbook for monitoring purposes in accordance with the national standards.

Restraint

The centre staff were trained in a method of physical restraint that had been researched and was based on reputable practice (Therapeutic Crisis Intervention). The centre had a written policy in relation to the use of restraint. There was evidence on the individual behaviour management plans that staff had identified a range of alternative interventions to de-escalate situations before using physical restraint. The behaviour support plans identified the specific restraints that had been agreed to be employed should the young person require a restraint intervention. All staff were appropriately and sufficiently trained in the use of physical restraint.

Physical restraint was not a regular feature of the care the young people experienced. While the young people had in the past required restraint interventions the inspector saw evidence that the incidents of restraint had significantly decreased in the past eight months. The centre maintained a record of all physical restraints. There were three incidents over the past seven months where a small child restraint was

employed by staff to prevent the risk of injury to the young person involved. There was evidence that the staff conducted a life space interview with the young people following each incident of physical restraint and this was incorporated into the written report. Social workers were notified both verbally and in writing about the event and the interventions employed by staff. The centre manager stated that the written report on the event was forwarded to the TCI trainer for review however there was no evidence on the record that the report had been reviewed by the trainer. The inspector also found that the centre manager did not robustly evaluate and comment on the restraint interventions and this issue must also be addressed.

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 centre manager must ensure that staff record all consequences/sanctions in the separate logbook and the centre manager must ensure this record book is subject to regular monitoring.
- The centre manager must ensure that any review or oversight of a physical restraint intervention undertaken by someone external to the centre is evidenced on the centre records.
- The centre manager must record their assessment of the event on the significant event report with specific reference to the physical restraint interventions.

4. Action Plan

Standard	Issues Requiring Action	Response	Corrective and Preventative Strategies To Ensure Issues Do Not Arise Again
<p>3.2</p>	<p>The centre manager must complete their qualification training.</p> <p>The centre manager must ensure that all staff personnel files contain three references and evidence of qualifications prior to their commencement of employment.</p> <p>The centre manager must develop a system to ensure effective auditing of personnel files.</p> <p>The centre manager must develop a system for recording annually all training undertaken by staff and for tracking required refresher training.</p>	<p>The centre manager will complete a recognised course with the support of the organisation.</p> <p>All files have been audited and updated.</p> <p>The centre manager continually audits all personnel files on a monthly basis or sooner if required.</p> <p>A training tracker is developed and in use for all trainings completed and due.</p>	<p>Will be enrolled on a course as soon as possible.</p> <p>The company now have systems in place that all references and qualifications are on file before availability of work for managers.</p> <p>All files are audited again before filed away.</p> <p>This will be a working document for all care workers to be aware of up-coming trainings.</p>

	<p>The centre manager must ensure that supervision records evidence that staff account for their work with the young people and goals/tasks identified in supervision are reviewed at the following supervision session.</p> <p>The centre manager must provide greater evidence of oversight of the administrative records by recording any comments or observations pertaining to the documents.</p> <p>The director of services must provide written evidence of the outcome of their visits to the centre and any changes recommended as a result of such visits.</p>	<p>This information is discussed in supervision but not recorded in detail on the supervision records.</p> <p>More comments will be recorded on documents to evidence oversight and direction provided to supervisees.</p> <p>New company CEO will provide written evidence of the outcome of her visit.</p>	<p>Goals will be agreed and reviewed at the next supervision and recorded in more detail.</p> <p>Centre manager will ensure this information is recorded on the supervision template.</p> <p>Evidence of outcome of visits will be recorded in the centre.</p>
<p>3.5</p>	<p>Social workers must ensure that care plans are updated following the monthly statutory reviews where there are changes within the care plan and the updated care plans must be forwarded to the centre manager.</p>	<p>Care plans will be updated where there are significant changes to the child's care plan and forwarded to the centre manager.</p>	<p>Evidence of updated care plans will be held confidentially in the child's file at both social work office and centre.</p>

	<p>Social workers must ensure that minutes of care planning meetings and reviews are forwarded to the centre manager in a timely manner.</p> <p>The centre manager must ensure that care files contain a copy of the relevant care order in respect of the young people in placement.</p>	<p>Social worker will draft care planning meeting minutes and send to centre manager in a timely manner.</p> <p>A copy of the relevant care order has been forwarded to the centre manager.</p>	<p>Evidence of such minutes will be available in social work office and centre.</p> <p>A copy of the relevant care order will be held in legal section of social work file and care centre file in a confidential filing cabinet.</p>
3.6	<p>The centre manager must ensure that staff record all consequences/sanctions in the separate logbook and the centre manager must ensure this record book is subject to regular monitoring.</p> <p>The centre manager must ensure that any review or oversight of a physical restraint intervention undertaken by someone external to the centre is evidenced on the centre records.</p> <p>The centre manager must record their assessment of the event on the significant event report with specific reference to the physical restraint interventions.</p>	<p>The centre manager will ensure that the sanctions/consequences logbook is kept up to date as required.</p> <p>The TCI trainer within the organisation will provide external oversight of all incidents where physical interventions have occurred.</p> <p>The centre manager will provide written evidence of their oversight of all significant events with specific reference to the use of physical restraints.</p>	<p>The centre manager will monitor and evidence their review of the sanctions/consequences logbook on a weekly basis.</p> <p>The centre manager will ensure that all comments/guidance from the TCI trainer in relation to the implementation of physical interventions are evidenced on the centre records.</p> <p>The centre manager will ensure all significant event reports contain written evidence of oversight by management prior to circulation to all relevant parties.</p>