



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Registration and Inspection Service

Children's Residential Centre

Centre ID number: 036

Year: 2016

Lead inspector: Noreen Bourke

Registration and Inspection Services
Tusla - Child and Family Agency
Units 4/5, Nexus Building, 2nd Floor
Blanchardstown Corporate Park
Ballycoolin
Dublin 15
01 8976857

Registration and Inspection Report

Inspection Year:	2016
Name of Organisation:	Compass Child and Family Service
Registered Capacity:	Three children
Dates of Inspection:	25th 26th 27th October 2016
Registration Decision:	Registered without conditions
Inspection Team:	Noreen Bourke Lorna Wogan
Date Report Issued:	March 2017

Contents

1. Foreword

- 1.1 Methodology
- 1.2 Organisational Structure

2. Findings with regard to Registration Matters

3. Analysis of Findings

- 3.1 Purpose and Function
- 3.2 Management and Staffing
- 3.3 Monitoring
- 3.4 Children's Rights
- 3.5 Planning for Children and Young People
- 3.6 Care of Young People
- 3.7 Safeguarding and Child Protection
- 3.8 Education
- 3.9 Health
- 3.10 Premises and Safety

4. Action Plan

1. Foreword

The National Registration & 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 & 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.

Under each standard a number of "Required Actions" may be detailed. These actions relate directly to the standard criteria and or regulation and must be addressed.

The centre management are expected to complete a written implementation timetable and details of their proposed actions in response to the findings of this report. This action plan is expected to address any short fall in the centres compliance with regulation or standards and will be used to inform the registration decision.

1.2 Methodology

An application was duly made by the proprietors of this centre for continued registration on 04th October 2016. This announced inspection took place on 25th 26th and 27th October 2016 over a three day period and this report is based on a range of inspection techniques including:

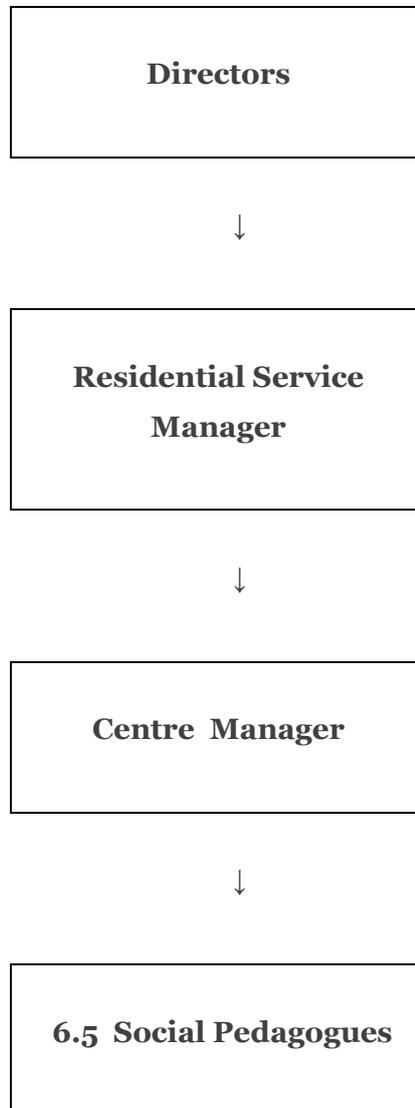
- ◆ An examination of the centres application for registration.
- ◆ An examination of pre-inspection questionnaire and related documentation completed by the Manager.
- ◆ An examination of the questionnaires completed by:
 - a) Five of the care staff
 - b) The social worker(s) with responsibility for young person/people residing in the centre.
 - c) Other professionals e.g. General Practitioner's and therapists.
- ◆ An examination of the most report from the Monitoring Officer
- ◆ An inspection of the premises and grounds using an audit checklist devised by the Health and Safety and Fire and Safety officers of the former HSE.
- ◆ 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 fida interest in the operation of the centre including but not exclusively
 - a) The centre management
 - b) Four staff
 - c) Two children
 - d) The monitoring officer
 - e) The psychologist attached to the service
 - f) Parents of the children.

- ◆ Observations of care practices routines and the staff/ young person's interactions.
- ◆ Attendance by one of the Inspectors at a team meeting.

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.

1.2 Organisational Structure



2. Findings with regard to registration matters

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

The findings of this report and assessment of the submitted action plan on this date 22nd Febryart 2017 if implemented will deem the centre to be operating in adherence to regulatory frameworks and the National Standards for Children's Residential Centres As such it is the decision of the Child and Family Agency to register this centre, ID Number: 36 with/without attached conditions pursuant to Part VIII, Section's 61 (6) (A) (i) of the 1991 Child Care Act. The period of registration will be from 4th November 2016 to 4th November 2019.

3. Analysis of Findings

3.1 Purpose and Function

Standard

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

3.1.1 Practices that met the required standard in full

The centre had a written statement that defined the purpose and function and outlined the distinctive feature of the Social Pedagogue Model of Care provided by the centre. The primary focus of the work with children is to understand their patterns of attachment. The role of the social pedagogue practitioner is to develop positive and trusting relationships with the children. Through the understanding of relationships and attachment the children are enabled to co-construct more successful relationships in their life and this forms the basis of the therapeutic approach offered by the centre. The therapeutic aspect of the programme was overseen by a Senior Clinical Psychologist. The statement of purpose and function details a number of policies that support staff in carrying out their duties.

The centre was registered to provide care for three young people of mixed gender aged 13 to 17 years old. Two children were in placement at the time of the inspection, one was long term, and a second child was recently admitted. To allow for the admission of children under the age of 12 years the centre was granted an order of derogation by the National Registration Panel. The inspectors found that both placements had been granted permission based on risk impact assessments that it was suitable to place younger children in the centre. The statement of purpose and function was reviewed annually by the residential services manager and was updated in June 2016.

The inspectors found through interviews and a review of the centre recording systems that the adults who work with the children were confident in describing the purpose and function of the centre. Likewise the management, staff and social workers had a good understanding of the centre's purpose and function and of the model of care being provided.

3.1.2 Practices that met the required standard in some respect

None Identified.

3.1.3 Practices that did not meet the required standard in some respects only

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

Two directors oversee the overall development of the services. One of the directors had responsibility for the management of the day to day operational activities and developments of the organisation. Both directors are accountable to a Board of Management. The duties of the board were in the management and governance structure and they provided a supervisory function to ensure the on-going development of the service. They maintain financial control of the organisation.

The centre manager reports to the board of management through the regional service manager and to the managing director on a regular basis. They have fortnightly management meetings. The inspectors reviewed the minutes of the management meetings which were undertaken every fortnight. The inspectors found these meetings were focused on service improvement, oversight of the service and reviewing of the children's placements. There was a clear management structure within the centre and also externally oversight of the service.

The person in charge was appropriately qualified and experienced to undertake the role of the centre manager. There was evidence that the person in charge monitored and guided practice at the centre through formal supervision of staff, reviewing significant event reports, attending and facilitating team meetings.

Register

The centre maintained a register of all admissions and discharges to and from the centre. The inspectors were satisfied that the details of the children in placement and of the children discharged from the centre were properly recorded. However, the address of the parent for one child recently admitted to the centre was not recorded on the centre register and this should be rectified by the centre manager.

Notification of Significant Events

Inspectors found that a written policy and appropriate guidelines were in place regarding the recording and notification of significant events. The centre maintained a register of all significant event reports. They were stored on the young person's individual file and were reviewed by the centre manager. All significant events were recorded and notified to the monitoring officer and the social workers. The inspectors found that social workers were satisfied that all significant events were reported in a prompt manner. These reports are also forwarded from the centre to the Guardian *ad litem* and the national children's residential service.

Staffing

Information provided to the inspectors regarding staff employed at the centre, included six core members of the team. One centre manager who had responsibility for two centres operated by the service. Three staff shared the house pedagogue role, two alternate on a week on week off basis. There were two full time activity pedagogues and one half time activity pedagogue supporting the house pedagogues. The person in charge stated that the team worked well together and were committed to the children in placement. However, there were a number of changes to the core team over the course of the last 17 months. The model of care offered by the service relies on care staff to support the children in dealing with issues of attachment therefore maintaining a consistent core team is essential. In interview with one of the children in placement the inspectors were satisfied that staff changes had been handled sensitively and carefully which minimised the impact on the young people in placement. Changes to the staff team had been discussed with the child prior to staff leaving the centre.

The young people's social workers did raise concerns about changes within the staff team as the centre was chosen as the preferred placement because of the social pedagogy model operating within the service. In order to allay any concerns regarding staffing, any changes to the core staff team should be notified to the placing social workers for ongoing monitoring.

The inspector found there was a high level of commitment to the children and found that a child centred approach was central to the practice at the centre. Staff interviewed described their role as one of learning together and of teaching through sharing and living together in a common space with the children. Staff were mindful not to use 'professional language' in their daily interactions with the young people for example they refer to themselves as the adults caring for them as opposed to the term 'staff'. They do not refer to their environment as one of work but of a shared living space.

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

Supervision & support

The centre had a written supervision policy. Supervision files were examined and there was evidence that staff received regular and formal supervision with the centre manager every four to six weeks. A supervision contract was held on the supervision files of the staff members. All staff members had a period of induction to the service and this formed part of the supervision process. The supervision records showed there were clear links between the supervision process and the placement plans for the children. There was evidence the person in charge provided feedback to staff in the context of supervision and staff were provided with the opportunity to raise issues within the process of supervision.

Supervision is further enhanced through the process of team meetings. There are three aspects to team meetings and development. One of the meetings is facilitated by the Senior Clinical Psychologist recently employed by the service and works two days a week. Previous to this they had been working with the team over a number of months. Their role was to facilitate the clinical position of the service in realising its model of care. The team was provided with clinical supervision and oversight of their therapeutic work with the children. Within this process staff were allowed to deconstruct how they work with the children in a therapeutic way. Part of the process allows staff to look at the application of their practice in their work with children.

Secondly, team meetings are facilitated by a second Senior Clinical Psychologist and this facilitates the team to look at inter relationships and how they work together. These meetings were undertaken every two months and provided a forum for team development.

Thirdly, the centre manager facilitated team meetings every two weeks. The team meetings were well attended and a review of the team meeting records evidenced the process of reviewing approaches to working with the children. The meetings also allowed for operational needs of the centre to be addressed.

Training & development

The inspectors found that the service placed a strong emphasis on training and the on-going development of the team. All team members participated in a comprehensive induction process. The service had an effective on-going training and development programme to ensure that all staff had the core necessary training in Child Protection Children First 2011, Behaviour Management, Fire Safety, and First Aid. The team had begun a process of looking at future training and development needs of staff and this was done in the context of clinical supervision. The purpose of these discussions was to inform the future training needs for staff. Inspectors found that the staff interviewed were familiar with the core principles of social pedagogy. Attachment theory and its link to practice in the context of social pedagogy were not fully embedded as an approach within the team. Some further training in the attachment based approach is required for the team.

Administrative files

The inspectors found that the files and records were well organised and accessible. The records were monitored by the centre manager. The work within the centre was supported by comprehensive recording systems. The therapeutic approach and the outcomes of the interventions used were reflected in the centre records.

3.2.2 Practices that met the required standard in some respects only

None identified

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 & Qualifications)

-Part III, Article 16, Notification of Significant Events

3.3 Monitoring

Standard

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

3.3.1 Practices that met the required standard in full

3.3.1 Monitoring

The centre was monitored by the Child and Family Agency monitoring officer for the purpose of ensuring the centre’s compliance with regulations, standards and best practice. The support inspector assessed this standard as the lead inspector was also responsible for monitoring the centre. The director of service was aware of the dual role undertaken by the inspector/monitoring officer and was able to distinguish the difference between the two roles. Written monitoring reports were completed and the most recent report dated June 2016 was available for inspection. These reports provided written commentary on the service and recommendations for service improvement. There was evidence that the recommendations highlighted in these reports were acted upon and this ensured that the service continued to meet the requirements of the standards and regulations. The monitoring officer had a number of approaches to monitor the centre which included the ongoing review of significant events, regular contact with the centre manager and the onsite visits. The inspector found evidence that the monitoring officer met with the centre manager, reviewed records and reports and met with the children during their visit.

There was evidence that the monitoring officer provided advice and guidance to the centre manager where appropriate. The inspector was satisfied that Standard 3 was being met in full.

3.3.2 Practices that met the required standard in some respect

None identified

3.3.3 Practices that did not meet the required standard

None identified

3.3.4 Regulation Based Requirements

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

3.4 Children's Rights

Standard

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

3.4.1 Practices that met the required standard in full

Consultation

Information was available to the children in a user friendly hand book that outlined the role of the adults who lived with the children in the house. The inspectors found that the children in placement were properly informed of their rights. The booklet explained what a right meant and what they were entitled to expect in terms of their rights. The children told the inspectors about the ways in which their views and opinions were listened to by the adults. They identified adults within the house with whom they could talk with if they were worried or concerned. They said that they could talk to their social workers if they had any concerns. The children had a forum of house meetings where they could discuss their views and wishes. The inspectors reviewed the records of these meetings which evidenced that the children were able to raise issues such as having friends over to the house, changes to the staff team, new admissions to the house, reading daily logs and the use of internet. The records showed that issues were raised and discussed with the children. However, the records did not evidence the decisions taken at these meetings or the feedback given to the children on matters raised by them. The lead house pedagogue should maintain a record of the decisions taken in response to the matters raised by the young people and evidence that these decisions have been relayed to the young people.

Complaints

The children were aware of how to make a complaint and they spoke about how and to whom they would make a complaint to if they needed to. A review of the centres complaint register evidenced that past residents exercised their right to make a complaint. Five complaints were made in the previous eight months. The inspectors were satisfied that all complaints had been responded to and reported and this was evidenced on the records.

Access to information

The centre had a written policy on children's access to information and the adults interviewed by the inspectors were familiar with the policy. The children were provided with the opportunity to read their daily logs and this was evidenced in the records of house meetings. The children had not availed of this opportunity however they were aware that they could do so. Children were given further information about themselves and about life in care by their key workers and their social workers.

3.4.2 Practices that met the required standard in some respect

None identified

3.4.2 Practices that did not meet the required standard

None identified

3.4.4 Regulation Based Requirements

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

3.5 Planning for 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 some respects only

Suitable placements & admissions

Applications for placement requests were coordinated by the Child and Family Agency National Residential Care Service Private Placement Team. Admissions to the centre are considered by the service director, the regional residential service manager and the centre manager. Consideration is given to placement mix and the suitability of the model of care to the assessed needs of the children. The centre manager stated they received good social history and background information on the children prior to their admission. This allowed the team to plan and prepare on how best to meet the needs of the children. The inspectors found that admissions to the centre had been in line with the written statement of purpose and function.

Statutory care planning & review

The inspectors reviewed the care plan for the children in residence. The care plans on file were up to date and outlined the aims and objectives of the placements. They provided clear actions required to promote the welfare, educational and health needs of the children. The social workers met with the children and discussed their care plan with them. The inspectors found that the care review meetings were organised in line with the statutory regulations. Both children had monthly statutory reviews in compliance with the Child and Family Agency national policy for the placement of children aged 12 years and under in residential care. The care plans had been subject to regular review in accordance with the statutory regulations. Centre staff submitted a written monthly report to the review. The children did not attend their child in care review meetings due to the age of the children and the impact on their emotional well being. The children were met by their respective social worker before and after the meeting and explained the reason for the meeting and decisions made. The children completed a consultation form for presentation to the meeting that outlined some of their wishes in respect of the care planning process.

Parents were invited to attend the meetings. The parents for one of the children recently admitted to the centre confirmed that they attended the child in care review meeting and stated that they felt that their child had benefited from being in placement. They confirmed they had received a record of the decisions taken at the review meeting. The second parent was not able to attend the meeting and remained anxious about their child being in residential care. They stated that they had not received the minutes of the decisions of their child's review meeting.

The parents of the second child were invited to attend the review meetings. One of the parents confirmed their attendance at the child in care review meetings. However, both

parents stated that they had not received a copy of the decisions of the recent meetings. The social worker confirmed that this was due to administrative difficulties within the social work department. Where administrative difficulties of this nature exist they should be discussed with the area manager.

Contact with families

The inspectors were satisfied that the children had contact with relatives and friends where this was in their best interest and welfare. Parental contact for one young person was under review by the social work department and a decision was to be made regarding future parental access. Both of these parents were interviewed by the inspectors and they were aware that the access arrangements in respect of their child were under review and assessment. The parents of a second child in placement were of the opinion that the access arrangements in place were not sufficient to meet the needs of the child or of the parents. Both of the parents were invited to visit the centre however due to distance and time it was not possible for them to visit to date. One of the parents was extremely anxious about the placement therefore a visit to the centre might help to alleviate some of their anxiety. In facilitating visits by the parents to the centre consideration should be given to the distance that they have to travel, other family commitments and timing. The parents for both children acknowledge receiving information from centre staff about the centre. The parents for one child confirmed that they received telephone contact from the centre manager about the progress of their child.

Supervision & visiting of children

The children in placement had an allocated social worker. There was evidence of good communication between the centre manager and the social workers. The children confirmed they met regularly with their social worker both within and outside of the centre.

Social Work Role

Standard

Supervising social workers have clear professional & statutory obligations & 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 social workers interviewed at the time of the inspection stated they were satisfied that the children were in need of residential care and that their needs were being met in this

placement. There was evidence from the files that the social workers were actively working to ensure the outcomes of the care plans for the children.

Emotional & specialist support

One of the residents had access to a range of specialist services. However there appeared to be some ambiguity regarding the recommendations of some of these reports as to what specifically the child requires. It is important that there is a clear oversight of the recommendations of these reports in respect of the work to be undertaken with the child, how this work is to be done and what are the outcomes for the child.

Preparation for leaving care

One young person had recently been discharged from the service on reaching their 18th birthday. An after care plan had been developed for the young person prior to their leaving care. The plan had clear time frames in place on how to address the future educational needs of the young person. A number of accommodation options had been proposed for the young person, including housing requirements, budgetary requirements and allowances. The young person continued to receive limited outreach support from the service.

Discharges

There were three discharges from the centre since the last inspection. These discharges were planned in conjunction with the placing social workers. The aftercare placement for the young people was planned for accordingly.

Children's case and care records

The care records for the young person were examined and the inspectors found that the recordings were of a good standard. The format was accessible for the purpose of inspection. All key documentation was maintained on the files. The records were up to date. There was evidence that the care files were routinely audited by management. The care file records were maintained in a manner that facilitated effective management and accountability.

3.5.2 Practices that met the required standard in full

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 not met the regulatory requirements in accordance with the ***Child Care (Placement of Children in Residential Care) Regulations 1995***

- Part IV, Article 23, Paragraphs 1&2, Care Plans
- Part IV, Article 23, paragraphs 3&4, Consultation Re: Care Plan
- Part V, Article 25&26, 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

- The social worker must provide the centre and young person with copies of the minutes of their Statutory Child in Care Reviews; unless this is putting the welfare of the child at risk. Where there are administrative difficulties, the social worker needs to address these with their respective line managers.
- The social worker must provide the parents with a copy of the care plan and the decisions taken at the review.
- The social worker must provide the opportunity and assistance for parents to attend child in care review meeting and consideration should be given to the distance a parent may have to travel. Parents are invited but oftentimes not supported or facilitated to attend.
- The social worker must review the recommendation of the specialist reports for the child and have a clear oversight as to how the recommendations are to be carried out and how the outcomes for the child are evaluated.

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 standard in full

Individual care in group living

The pedagogues in sharing the daily lives with the children take part in and share social activities with the children. The living space was of a good standard and there was a relaxed atmosphere in the house. The children had good routines around school, homework, bedtime. The children had a good standard of individual and person care and they invited the inspectors to see their bedrooms of which they were proud of. They were assisted by the social pedagogues in choice of clothing and were encouraged to make their own choices. The children received weekly pocket money some of which they saved to use in their own time. Issues of personal hygiene were dealt with sensitively and the service was in the process of developing a policy on intimate care. The children in conversations with the inspectors spoke positively about the adults who care for them.

Provision of food and cooking facilities

Meal times were an important time for everyone to come together. The adults were aware of the eating patterns of the children. Inspectors reviewed the weekly menus of the food provided and found that the centre provided nutritious meals and the young people had a healthy well balanced diet. There was evidence the children were involved in the choice of food and in the planning of food for the centre. The children had easy access to food and the kitchen was spacious and well equipped and was maintained to a good standard.

Race, culture, religion, gender & disability

The children were engaged in the life of the local community and for the child longest in placement they had a good sense of belonging within the community. The booklet provide to the children living in the centre provided information on bullying and how to deal with it. The children were afforded the opportunity to practice their religion and they were offered choice in this regard. Inspectors advised that the night time routine plan for one of the children is evidence the child's practice of their religion as part of their bed time routine.

Managing behaviour

The centre has a policy on the management of behaviour. All staff are certified as having received training in behaviour management techniques. This training is done with an approved model of behaviour management where the emphasis is placed on addressing behaviours that challenge in a therapeutic way. Individual crisis management plans (ICMP) are in place for the children and were updated on a regular basis. The social workers were

not familiar with the individual crisis management plans. The inspectors advise that copies of these plans should be forwarded to the social worker for review when updated.

Staff focused on building caring relationships with the children and support them in understanding the relationship between their actions and their consequences. In situation of behaviour that challenged a review of the record of significant incidents showed that following an incident the children was afforded the opportunity for reflection on their behaviour. Positive behaviour was enhanced in the fact that the children had a clear focus and routine to their day and there were clear expectations regarding mealtimes and bedtimes. There was an expectation that the children and adults participated in joint activities on their own and with support from staff. The children felt part of the life of the centre.

Restraint

The significant event reports for the centre indicated that physical restraint had been use on one occasion. Staff who undertook the restraint were appropriately trained in the use of physical restraint. There was evidence that the relevant persons were notified of the physical restraint. The centre manager confirmed to the inspectors that conversations are held with the placing social worker prior to admission of a young person in relations to the services crisis prevention and management system and this included the use of restraint.

Absence without authority

The centre had a written policy on the management of children absent without authority. Staff interviewed were familiar with the National Protocol for Children Missing from Care and with the procedures for reporting to the Gardaí a child missing from care. An absent risk assessment was completed on admission for each child in placement and individual absent management plans were developed on admission. At the time of the inspection there was one incident of unauthorised absence from the centre. The inspectors found that the absence from the centre was reported, recorded and reviewed with relevant stakeholders in accordance with the centre policy and national protocols.

3.6.2 Practices that met the required standard in some respect

None identified.

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.

3.7 Safeguarding and Child Protection

Standard

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

3.7.1 Practices that met the standard in full

Safeguarding

The centre had a child protection policy in line with Children First: National Guidance for the Protection and Welfare of Children 2011. There were guidelines in place for responding to any allegations or complaints about staff at the centre. The rights of the children were fostered within the life of the centre through a shared living experience with adults.

Cognisance was taken of the age of the children particularly when staff were required to enter the bedrooms of the children and in assisting children with intimate care. Staff had developed strategies to ensure safe practice and these strategies were in the process of being developed into a policy and guidelines on safe practice regarding intimate care. The children had regular phone contact with their social workers. All staff working at the centre had the required Garda vetting and were in receipt of ongoing professional training and development. Young people were central in the process of team discussion where clinical oversight was provided by a Senior Clinical Psychologist. The children were involved in local community activities and schools. There was good inter-agency involvement with the children.

Standard

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

Child Protection

The centre manager was the designated person for the reporting of child protection and welfare concerns. All staff were trained in Children First 2011. The centre had a written child protection and welfare policy and this was signed as having been read by all staff. This policy forms part of the staff induction programme. A standard report form was submitted during the period under review. The inspectors found that the concerns were reported in a timely way. The centre was formally notified of receipt of written notifications from the social work department confirming receipt, acknowledgement and outcome of the standard report form. Staff were trained in the principles and practice of child protection. There were clear procedures in place for the completion and submission of standard report forms.

3.7.2 Practices that met the required standard in some respect only

None identified.

3.7.3 Practices that did not meet the required standard

None identified.

3.8 Education

Standard

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

3.8.1 Practices that met the required standard in full

The children resident in the centre had education placements. Their school attendance was good. There was good liaison between the school and the house pedagogues and this was confirmed to the inspectors by the school principals. The children were motivated and encouraged to attend school. On their return from school there was an expectation and support from staff regarding the completion of homework.

3.8.2 Practices that met the required standard in some respect

None identified.

3.8.3 Practices that did not meet the required standard

None identified.

3.9 Health

Standard

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

3.9.1 Practices that met the required standard in some respects only

The children in placement had a medical assessment on their admission to the centre and were registered with a General Practitioner. Consent for medical treatment was held on the individual care files and staff were clear in relation to consent for medical treatment in situations where a medical emergency arose.

There was evidence that the children received regular medical, dental ophthalmic and other specialised services as required. Immunisation history was on file for the children.

The centre had a system in place for the recording and administration of prescribed and non prescribed medication. The centre was in the initial stages of reviewing its procedures on the safe use and storage of medication. This resulted from a review by centre staff of their current recording and storage of medication based on their previous experience of working in this area.

The inspectors observed that staff cigarettes and lighters were accessible in and around the house. Staff confirmed to the inspectors that they smoked in the presence of children. This practice should stop and cognisance taken of adults as role models to the children. If staff are required to live in and share the home with the children for long period of time the issue of smoking out of sight of the children must be addressed by the centre manager.

3.9.2 Practices that met the required standard in full

None identified.

3.9.3 Practices that did not meet the required standard

None identified.

3.9.4 Regulation Based Requirements

The Child and Family Agency has met the regulatory requirements in accordance with the *Child Care (Placement of Children in Residential Care) Regulations 1995, Part IV, Article 20, Medical Examinations.*

The centre has met the regulatory requirements in accordance with the *Child Care (Standards in Children's Residential Centres) Regulations 1996, Part III, Article 10, Health Care (Access to Specialist Health Care Services).*

Required Action

- The centre manager should ensure that staff do not smoke in front of and around the children.

3.10 Premises and Safety

Standard

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

3.10.1 Practices that met the required standard in full

Accommodation

The centre was located in a community setting. Inspectors were satisfied that the accommodation was fit for purpose. The centre was adequately lit, heated and ventilated and there were suitable facilities for cooking and laundry.

The house was pleasantly decorated, comfortable and spacious. Photographs of the activities of the children were placed on the walls. There was good space to the rear and to the front of the house for the children to play. There was space and areas within the house for young people to meet with visitors in privacy. The children had their own bedrooms which were decorated to the liking of the children. They were tidy and clean with plenty of storage space for clothes and personal belongings.

The service provided confirmation of insurance cover for the period dated 11th August 2016 to 10th August 2017.

Maintenance and repairs

Maintenance and repair work was carried out in a timely manner. The centre staff maintained a log of all maintenance and repair items in accordance with the standards. The repair and maintenance log was overviewed by the centre manager on a regular basis.

The service had a written health and safety statement, this was read by all staff and signed as having been read, it forms part of the staff induction programme. One member of the team had responsibility for overseeing health and safety hazards within the centre and concerns were promptly dealt with. The centre manager completed a monthly health and safety audit of the centre.

Medication was stored in a locked cabinet in a secure location. The storage, administration and disposal of medication were properly recorded. The medical records showed evidence of the administration of medication. To further enhance the safe practice regarding the management of medication and to take cognisance of new developments regarding the administration and storage of medication staff would benefit from specific training in this area. A first aid kit was located in the kitchen. All staff are trained in first aid techniques.

An audit of the food storage and food preparation area was undertaken by the inspectors. They found that the adults record and sign the fridge and freezer temperatures each day. The inspectors require that at least one member of the team undertakes HACCP training (food safety management system) to ensure best practice guidance in relation to food hygiene and food preparation are implemented and maintained in the centre.

Fire Safety

Adequate arrangements are in place for detecting, containing and extinguishing fires, and for the maintenance of fire fighting equipment. There was written confirmations that a contract was in place with an external fire specialist to ensure all fire extinguishers and fire fighting equipment are checked annually. The inspectors reviewed a report dated 30th January 2016 recorded the testing and inventory of fire fighting equipment within the centre.

Inspectors reviewed the fire safety procedures operational at the centre. Access to the fire alarm was easily accessible. The centre had a fire register and the inspectors found that daily and weekly fire checks were recorded as being conducted and documented. Daily inspections

were undertaken to ensure the means of escape routes were not blocked. Fire points were identified in the centre and there was a fire blanket and fire extinguisher in the kitchen. The exit signage was in working order throughout the house. Fire fighting equipment was located at their assigned designated points throughout the centre. Fire evacuation plans were displayed and a fire evacuation procedure was in place.

3.10.2 Practices that met the required standard in some respect only

Staff used their own vehicles to transport the children. Records regarding roadworthiness of cars, insurance for drivers and confirmation that all staff were properly licensed were not available for some staff for inspection. The centre manager should ensure that all staff who are charged with transporting children have the above documentation on file.

3.10.3 Practices that did not meet the required standard

None identified.

3.10.4 Regulation Based Requirements

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

-Part III, Article 8, Accommodation

-Part III, Article 9, Access Arrangements (Privacy)

-Part III, Article 15, Insurance

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

-Part III, Article 13, Fire Precautions.

Required Action

- The centre manager must ensure that all staff have their required insurance, driving licences, tax and NCT certificate prior to vehicles being used to transport young people.

4. Action Plan

Standard	Issues Requiring Action	Response	Implementation Date
3.5	The social worker must provide the parents and young person with copies of the minutes of their Statutory Child in Care Reviews; unless this is putting the welfare of the child at risk. Where there are administrative difficulties, the social worker needs to address these with their respective line managers.	This action has been highlighted to the social work departments in writing on 21 st February 2017	21.02.17
3.5	The social worker must provide the opportunity for parents to attend Child In Care Review meetings, and consideration should be given to the distance a parent may have to travel.	This action has been highlighted to the social work department in writing on the 21 st February 2017	21.02.17
3.5	The social worker must review the recommendation of the specialist reports for the child and have a clear oversight as to how the recommendations are to be carried out and how the outcomes for the child are evaluated.	This action has been highlighted to the social work department in writing on the 21 st February 2017	21.02.17
3.9	The centre manager must ensure that staff do not smoke in front of the children.	This action was addressed in a team meeting in February 2017. This action has been brought to the attention of the adults in individual supervision	November 2016 & February 2017
3.10	The centre manager must ensure that all staff have their required insurance, driving licences, tax and NCT certificate prior to vehicles being used to transport young people.	This action was addressed with the staff team in a team meeting in November 2016 and was emphasised in a team meeting again in February 2017. There is a monitoring system in place and controlled by the administrator within Compass CFS. The employees are aware of their responsibility in relation to having up to date care documentation and this is documented within the Compass CFS staff handbook.	November 2016 & February 2017