



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Registration and Inspection Service

Children's Residential Centre

Centre ID number: 037

Year: 2016

Lead inspector: John Laste

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Registration and Inspection Report

Inspection Year:	2016
Name of Organisation:	Daffodil Care Services
Registered Capacity:	Four young people
Dates of Inspection:	20th and 21st of September 2016
Registration Decision:	Registered from the 16th of September 2016 to the 16th of September 2019
Inspection Team:	John Laste Paschal Mc Mahon
Date Report Issued:	21st of March 2017

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1. Foreword

The National Registration and Inspection Office of the Child and Family Agency is a component of the Quality Assurance Directorate. The inspectorate was originally established in 1998 under the former Health Boards was created under legislation purveyed by the 1991 Child Care Act, to fulfil two statutory regulatory functions :

1. To establish and maintain a register of children’s residential centres in its functional area (see Part VIII, Article 61 (1)). A children’s centre being defined by Part VIII, Article 59.
2. To inspect premises in which centres are being carried on or are proposed to be carried on and otherwise for the enforcement and execution of the regulations by the appropriate officers as per the relevant framework formulated by the minister for Health and Children to ensure proper standards and conduct of centres (see part VIII, Article 63, (1)-(3)). The Child Care (Placement of Children in Residential Care) Regulations 1995 and The Child Care (Standards in Children’s Residential Centres) 1996.

The service is committed to carry out its duties in an even handed, fair and rigorous manner. The inspection of centres is carried out to safeguard the wellbeing and interests of children and young people living in them.

The Department of Health and Children’s “National Standards for Children’s Residential Centres, 2001” provides the framework against which inspections are carried out and provides the criteria against which centres structures and care practices are examined.

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

The centre management 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

The centre was granted their first registration in September 2010 to accommodate four children of both genders from age thirteen to seventeen years on admission on a short to medium term basis. An application was duly made by the proprietors of this centre for continued registration on 30th August 2016. This inspection took place on 20th and 21st of September 2016 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) Eight care staff
 - b) One young person residing in the centre
 - c) The social worker with responsibility for young person/people residing in the centre.
 - d) Two /school principals/teachers
 - e) One representative from EPIC
 - f) Other professionals e.g. General Practitioner's and therapists.
- ◆ An examination of the most recent 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 HSE on our behalf.
- ◆ An examination of the centre's files and recording process.
- ◆ Interviews with relevant persons that were deemed by the inspection team as to having a bona fide interest in the operation of the centre including but not exclusively
 - a) The centre manager

- b) Assistant director of services
 - c) Quality assurance officer
 - d) Social care leader
 - e) Three social care staff
 - f) One young person
 - g) The monitoring officer
- ◆ Observations of care practice routines and the staff/young person's interactions.

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

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

1.2 Organisational Structure



2. Findings with regard to registration matters

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

The findings of this report and assessment of the submitted action plan on the 10th February 2017 if implemented will deem the centre to be operating in adherence to regulatory frameworks and the National Standards for Children's Residential Centres (2001).

As such it is the decision of the Child and Family Agency to register this centre without attached conditions pursuant to Part VIII, Section's 61 (6) (A) (i) of the 1991 Child Care Act. **The period of registration being from the 16th of September 2016 to 16th of September 2019.**

3. Analysis of Findings

There were three young people in residence at the time of the inspection ranging in ages from fifteen to seventeen years. In the days prior to the inspection the centre manager contacted the inspectors and informed them that substantial damage had been caused to the centre and it was undergoing extensive repairs. Part of the inspection process was conducted off site as a result. The centre repair work was almost completed by the end of the inspection visit.

3.1 Purpose and Function

Standard

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

3.1.1 Practices that met the required standard in full

The centre has a clear statement of purpose and function which describes what the centre sets out to do for young people, and the manner in which care is provided. The centre provides short to medium term care, and can accommodate up to four young people male and female aged 13 to 17 years on admission. The director of services and managers are responsible for keeping the statement up to date.

The organisation has developed a therapeutic model of care. Systematic Therapeutic Engagement Model (STEM) provides a framework for positive interventions with young people to develop relationships focused on achieving strength based outcomes through daily life interactions. This model of care is draws from Response Ability Pathways (RAP's) and the "circle of courage" which is an approach that focuses on enhancing young people's strengths as a way of coping with trauma in their lives. This is complimented by a Child and Family Agency approved model of intervention dealing with challenging behaviour. All staff members have been trained in the STEM and new staff are given an introduction to the STEM model of care before be scheduled for the full training.

There is a service user booklet providing relevant information on the centre. The inspectors found the staff team members interviewed were familiar with the statement of purpose and function, and the key policies and procedures.

3.1.2 Practices that met the required standard in some respect only

None identified.

3.1.3 Practices that did not meet the required standard

None identified.

Required Action

No action required.

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

Management

The inspectors found that the centre manager, who was the person in charge, was a suitably qualified person, and had eight years' experience with the company in residential care. The manager had been in the current position for over a year.

Scrutiny and oversight of the operational functions and care practices in the centre was provided by the company's assistant services director. The assistant services director also provided supervision to the centre manager. The inspectors were informed that the centre manager was about to go on a prolonged period of leave and would be temporarily replaced by one of the experienced social care leaders. The assistant services director must ensure that the social care leader receives extra support and supervision while in the acting manager position.

The inspectors interviewed the assistant services director who was clear about their role which is to assess the quality and effectiveness of the service and to provide support and supervision to the centre manager. The inspectors found good evidence that the centre manager and assistant services director were satisfying themselves that appropriate and suitable care practices were in place in the centre. There was good evidence that the centre records were regularly reviewed and signed by the managers. The assistant services director was visiting the centre on a regular basis. The assistant services director receives a weekly services report which sets out all

activities and incidents at the centre. This practice complies with the Child Care (Placement of Children in Residential Care) Regulations, 1995, Part III, Article 5.

The inspectors interviewed the company's internal quality assurance auditing officer who provided audit reports for the service director. These reports can be based on themed or complete auditing and provided a detailed review of the centres performance under the standards. The audit report provided feedback to the centre manager and outlined action to be taken to rectify any issues arising.

Register

A register of all young people who live in the centre was maintained by the manager. The inspectors found that the register complied with the Child Care (Placement of Children in Residential Care) Regulations, 1995, Part IV, Article 21; the admission details of the residents were properly recorded, as were the discharge details of the previous residents. 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 inspectors interviewed supervising social workers, the monitoring officer and examined the centre record and found that significant event reports were promptly notified to both the monitoring office and social work department in a timely fashion. The monitoring officer reported that though the numbers of incidents were low, where they occurred it was evident that the staff team had deployed various strategies to assess and manage the risks. This information was confirmed by the supervising social workers. Prior to this inspection a serious incident had occurred which resulted in part of the inspection process taking place off site. From a review of the incident, the inspectors were satisfied that the staff team had managed the environment as best they could under the circumstances. The incident was recorded and reported effectively. All staff involved received debriefing after the incident and an audit of the incident was conducted by the company's quality assurance officer. This practice complied with the Child Care (Placement of Children in Residential Care) Regulations, 1995, Part III, Article 19, and the Child Care (Standards in Children's Residential Centres) Regulations, 1996, Part III, Article 16.

Staffing

The inspectors reviewed the adequacy of staffing, and found that the deployment of staff was sufficient to address the needs of the three residents. Staff duty rotas were examined and there was good evidence that adequate numbers of staff were on duty at the key times. The inspectors found that staff were suitably qualified and experienced. The centre can access relief staff. The inspectors carried out an audit of staff personnel records - the required references, and Garda vetting were taken up for all staff (including the relief panel) prior to taking up their positions. This complies with the Child Care (Placement of Children in Residential Care) Regulations, 1995, Part III, Article 6.

Supervision and support

The inspectors examined the records of staff supervision. Supervision sessions were recorded and signed by the supervisor and the team received regular supervision; sessions occur every four to six weeks. There was good evidence in the records reviewed of a link to the implementation of the individualised plans for the residents. The centre manager and social care leaders supervise the team and the assistant services director supervises the centre manager. Relief workers were also supervised periodically in accordance with their needs. Supervision contracts are reviewed periodically as per agency policy.

There was evidence of good team working and there were regular team meetings. The staff told the inspectors that their manager provided clear leadership and support to the team.

Training and development

The inspectors found evidence of attendance at certified training in fire prevention, occupational first aid, health and safety, therapeutic crisis intervention, and child protection in the last year. New team members were asked to attend induction training. The staff stated that they had good access to training opportunities.

Administrative file

The administrative files were examined by the inspectors and the key records were in evidence. The recording system was well organised and accessible so that they facilitate effective management and accountability. There was good evidence that the manager and regional manager were monitoring the quality of records. Centre reports and daily logs were signed off by the manager and line manager. Quality of

record keeping was a part of the company's quality assurance audit and feedback on the audit was given to the manager and staff. Relevant records relating to the young people are kept in perpetuity and the management understand the requirements of the Freedom of Information Acts 1997, and Data Protection Act 2003.

3.2.2 Practices that met the required standard in some respect 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 and Qualifications) -Part III, Article 16, Notification of Significant Events.*

Required Action

No action required

3.3 Monitoring

Standard

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

3.3.1 Practices that met the required standard in full

The inspectors found that the authorised person was visiting the centre on a regular basis. This was confirmed by the young person who said that they meet with the monitoring officer and had the opportunity to discuss their welfare and happiness.

The lead inspector interviewed the monitoring officer who said that the centre was in compliance with the regulations and standards at the time of the visits. The monitoring officer reported that effective systems were in place to ensure suitable and appropriate operational practices at the centre.

A monitoring report was submitted at the time of the inspection. The findings were that the centre was mostly in compliance with the regulations and standards. The significant event reporting was in accordance with the regulations and reports were promptly notified to the monitoring office. The centre manager provides the monitoring officer with monthly reports which outline relevant operational matters pertaining to the centre. in the each monthly period.

3.3.2 Practices that met the required standard in some respect only

None identified

3.3.3 Practices that did not meet the required standard

None identified

3.3.4 Regulation Based Requirements

The Child and Family Agency 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.*

Required Action

No action required

3.4 Children's Rights

Standard

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

3.4.1 Practices that met the required standard in full

Consultation

This Standard is met in full. The young person who met the inspectors was clear about why they were in care and about future plans. They stated that their views were

sought when decisions were being made that affect his daily life and future. They confirmed that they met with social workers on a regular basis and stated that they were aware of Empowering Children in Care (EPIC) and that they could represent them at meetings etc. A representative of EPIC had visited the centre on the request of the manager and met with the young people and staff.

Complaints

The inspectors found there was a clearly written complaints procedure with user friendly information about the operation of the procedure. The young person informed the inspectors they were knowledgeable about their rights and responsibilities, and how to complain. They were clear about what to do if they were unhappy about any aspect of their care.

The inspectors reviewed the complaints register and were satisfied that complaints were properly investigated in line with procedures. This was confirmed by the monitoring officer and supervising social workers.

Access to information

The Inspectors were satisfied that there was a clear procedure that sets out how young people can access information about themselves and the services available to them. The young person interviewed said they were aware of how they could access their information but chose not to. They also receive copies of their care plans.

3.4.2 Practices that met the required standard in some respect only

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 Young People.*

Required Action

No action required

3.5 Planning for Children and Young People

Standard

There is a statutory written care plan developed in consultation with parents and young people that is subject to regular review. The plan states the aims and objectives of the placement, promotes the welfare, education, interests and health needs of young people and addresses their emotional and psychological needs. It stresses and outlines practical contact with families and, where appropriate, preparation for leaving care.

3.5.1 Practices that met the required standard in full

Suitable placements and admissions

The inspectors found that the admissions to the centre were planned in line with the assessed needs of the young people. Applications for admission to the centre are coordinated nationally by the National Residential Care Service, Private Placements Team. The inspectors were satisfied that adequate information was provided about young people prior to admission. This was confirmed through audit of the young people's care files. Pre-admission risk assessments were carried out for each new admission.

The inspectors met with one the young people who confirmed that they were clear about the reason for their admission to care. They also confirmed that they had received written information about the centre as part of the admission process.

Contact with families

The inspectors found that the staff recognized the value of family contact and worked as closely with families as possible. Families were facilitated to have contact at the centre. Visits from previous carers and significant others were facilitated and promoted at the centre. Family contact that took place was recorded and stored on each of the young people's files. There was evidence that the centre manager maintained regular contact with the relevant social workers on all matters pertaining to family contact. The centre facilitated family contact at the centre for each young person and family members may have dinner together. There was evidence that family contact was set out in the care plans and was considered at each statutory review for the young people in placement.

Supervision and visiting of young people

The social workers of the young people visit them regularly and sign the young people's logs routinely. The centre records each visit by a social worker on the young people's files and there is ample space in the centre for social workers to meet the young people in private. Social workers interviewed by the inspectors confirmed this and that the centre welcomed any visits to the centre by outside professionals.

3.5.2 Practices that met the required standard in some respect only

Statutory care planning and review

All of the young people had care plans on file and all had been reviewed. The inspectors found evidence that the minutes of one of the young person's reviews had not been given to the centre. The minutes had been requested in writing by the centre manager. In order for the care staff to effectively carry out the young person's placement plan a copy of the care plan must be provided to the centre. The supervising social worker must ensure that the centre receives a copy of the statutory review minutes and an updated copy of the young person's care plan.

Care plans were of a good standard and clearly outlined the purpose of the placement and both short and long term goals. The inspectors found evidence that both the young people and their families were involved in their plans as appropriate.

3.5.3 Practices that did not meet the required standard

None identified

Required Action

- The supervising social worker must ensure that the centre receives a copy of the statutory review minutes and an updated copy of the young person's care plan.

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 allocated social workers as required.

The inspectors found evidence that sufficient background information was provided to the centre prior to any admission. Care plans and review dates for all the young people met the relevant regulations and that the views of the young people and their families were included in care plans and reviews. Social workers interviewed confirmed to the inspectors that notification of incidents and significant events were promptly notified to them.

The centre maintained a record of all contact with social workers' and information detailing the nature of the contact and any decisions that were agreed as a result of the contact was maintained on each individual care file.

Emotional and specialist support

From the care files the inspectors found that the staff played a central role in working with the young people's emotional needs through key-work and individual work. The team provided an opportunity for the young people to explore and express any worries, views or concerns they may have on an individual basis. The centre had a key working system in place and the inspectors found that the keyworkers had a good insight into the young people's emotional needs and they were attuned to these needs. There was evidence on each of the care files that both planned and opportunity led work took place to address the young people's emotional needs. There was evidence that any specialist support needed for the young people was easily accessible.

Preparation for leaving care

The inspectors found evidence of the centre staff working with the young people around practical life skills such as personal hygiene, household chores and cooking. Specific life skills programmes were tailored to meet their individual needs.

Discharges

There had been four discharges in the previous twelve months. All of these discharges were carried out in a planned way. The aftercare worker for two young people discharged reported effective communication from the staff team around preparation for leaving care and the leaving process.

Aftercare

The inspector found evidence that the provision of aftercare services were in place for the young people at the centre. Young people who had recently left had been allocated an aftercare worker and had aftercare plans and similar arrangements were being put in place for current resident which was confirmed by the social workers.

Children's case and care records

The inspectors reviewed care files of the young people; the files were maintained in a standardised format which was accessible and easy to follow. Care file recordings were kept up-to-date and the records were filed in chronological order. There was evidence that the key documentation as set out in the regulations and standards was properly recorded on the care files. The recording standard was good and the inspectors could see that the records were scrutinised by management. The manager confirmed that the care files of ex-residents are archived and stored securely.

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

No action required

3.6 Care of Young People

Standard

Staff relate to young people in an open, positive and respectful manner. Care practices take account of the young people's individual needs and respect their social, cultural, religious and ethnic identity. Young people have similar opportunities to

develop talents and pursue interests. Staff interventions show an awareness of the impact on young people of separation and loss and, where applicable, of neglect and abuse.

3.6.1 Practices that met the required standard in full

Individual care in group living

The Inspectors found that the young people were cared for in a manner that respected and took account of their wishes, preferences and individuality. Each young person was assigned a key worker, and there was good documented evidence of the direct work being undertaken with the young people. This was recorded on their care files. Inspectors interviewed key workers, and found that they were very clear about their role and responsibilities. The young person that spoke to the inspectors said that in the staff were friendly and very supportive. The Inspectors were satisfied that generally the interests and hobbies of the young people were provided for.

Provision of food and cooking facilities

The inspectors spoke to one of the young people residing at the centre who stated that there were adequate quantities of appetising and nutritious food available at meal times, and that likes and dislikes of each young people was taken into consideration. The inspectors could see evidence of menu planning in the young people's files and in the kitchen area.

Race, culture, religion, gender and disability

The centre facilitated the young people in participating in community events and engaging in local activities. Each young person's religious denomination was taken into account and where young people and their family wish to pursue their religious belief this was accommodated.

Restraint

All staff members were trained in an approved method of crisis prevention and physical intervention and they receive regular updates in these techniques. There had been no recorded incidents of physical intervention in the past 12 months. The inspectors found that past restraints were properly recorded and monitored by

management. The use of physical restraint was promptly notified in line with significant event reporting procedures.

Absence without authority

Management are aware of the Joint Protocol between Tusla Child and Family Agency and An Garda Síochána. There were 52 recorded incidents with regard to absence without authority at the time of the inspection. 42 of these incidents involved two young people that had been discharged from the centre. Two of the current residents accounted for 9 incidents of absence without authority. On four occasions both young people were absent from the centre together and three of these were overnight. The inspectors examined the centre recordings and found that all incidents of absence without authority were managed in line with procedure and the centre manager was proactive in liaising with An Garda Síochána.

Managing behaviour

There was a written policy on managing behaviour. Inspectors found that all staff members were trained in a Child and Family Agency approved model of managing young people in crisis and challenging behaviour. The centre employed a team approach to build professional relationships with the young people. The placement plans were tailored to the assessed needs of the young people and were reviewed on a regular basis.

There were clear policies and procedures in place relating to care practices and the operation of the centre. The therapeutic approach used in the centre was rooted in an evidence based model of practice – Response Ability Pathways (RAP). Staff members worked positively as a team and the relationship observed between the staff and the residents was mutually respectful and constructive. There was good evidence that the staff and manager worked hard to provide the best possible service to the young people. Overall there was good evidence of a focus on achieving positive outcomes with the young people.

As stated earlier in this report an incident had occurred in the days prior to the inspection involving two of the young people resident at the centre. Both young people were returned to the centre by An Garda Síochána after being absent from the centre. The Gardai informed the staff at the centre that the young people were intoxicated but were manageable. On their return to the centre the staff found that the two young people were non-compliant and extremely verbally and physically

abusive. There was another young person in the centre at this time in a downstairs bedroom away from where the damage was being done. Staff checked in with the young person regularly and eventually moved the young person to the safety of another residential centre run by the organisation. It required the special response Garda team to bring this situation under control. Both boys were brought to a place of detention after appearing in an emergency court sitting.

The inspectors interviewed two of the staff on duty both who were clear about their interventions and responses the young people's behaviour. The inspectors were satisfied that the incident was managed in the safest possible way. The service director should ensure that a full review of this incident be carried out and furnished to the Registration and Inspection department.

3.6.2 Practices that met the required standard in some respect only

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.

Required Action

No action required

3.7 Safeguarding and Child Protection

Standard

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

3.7.1 Practices that met the required standard in full

Safeguarding

Inspectors found that the staff team had a good understanding of safeguarding practices. The young people's safety and wellbeing was always to the fore and the young person interviewed told inspectors that they were consulted on issues in regards to their care. The centre had a comprehensive policy regarding professional practice for staff members. Inspectors audited staff files and found that all staff members are vetted before they commence work in the organisation

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

Standard

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

3.7.4 Practices that met the required standard

Child Protection

The inspectors interviewed a number of staff and found that they were familiar with their role and responsibilities under Children First: National Guidance for the Protection and Welfare of Children 2011. The team had received training in child protection. The staff members interviewed stated that they were familiar with the centre policy and they identified the manager as the person responsible for reporting child protection concerns. It was evident from interviews that the staff team were very clear about their procedures and that the manager was informed of all child protection matters as well as the assistant director of services.

3.7.5 Practices that met the required standard in some respect only

None identified

3.7.6 Practices that did not meet the required standard

None identified

Required Action

No action required

3.8 Education

Standard

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

3.8.1 Practices that met the required standard in full

Two of the young people were attending education programmes. One was in a youth training programme while the other had completed the junior certificate and was studying for their leaving certificate. The third young person had been admitted in summer and a school placement had been actively sourced, however, inspectors were informed that this young person had been discharged to a place of detention following the serious incident at the centre. There was evidence that the centre encourages and supports the young people to fulfill their potential educationally.

3.8.2 Practices that met the required standard in some respect only

None identified

3.8.3 Practices that did not meet the required standard

None identified

Required Action

No action required

3.9 Health

Standard

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

3.9.1 Practices that met the required standard in full

All of the young people had a named G.P, a medical card and all had medicals on admission. The young people have the option to retain their own G.P if they wish to do so. All medical visits are documented and consent forms were on file for all the young people. The administration and recording of medication was of a good standard. There was evidence of appropriate guidance for the young people in health

education. Health programmes were in place for all the young people and these are monitored by the young people's key workers.

3.9.2 Practices that met the required standard in some respect only

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

No action required

3.10 Premises and Safety

Standard

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

3.10.1 Practices that met the required standard in full

Fire Safety

At the time of the inspection the centre had been undergoing major repair work due to an incident where two of the young people had caused extensive property damage. This included serious damage to the fire detection systems and fire safety equipment. The director of services informed inspectors that the engineers have been instructed to replace and re certify the fire safety systems and equipment.

The manager provided written confirmation that the statutory requirements relating to fire safety and building control were complied with and that the system had been restored to good working order. There was evidence that detection equipment and fire safety equipment was maintained and the necessary fire prevention and evacuation procedures were being carried out.

A fire safety register was maintained and fire drills carried out on 5th September 2016, 20th June 2016 and 1st March 2016. Each newly admitted young person is taken through the fire evacuation drill.

The fire safety certifications and installation and maintenance records are kept together with the fire register for the centre. There was evidence that the fire alarm system, emergency lighting and general fire safety equipment were regularly serviced and inspected. The annual service inspection of the fire alarm system and the annual testing of the emergency lighting were found in evidence and was carried out by a competent and suitably qualified person.

3.10.2 Practices that met the required standard in some respect only

Safety

The inspectors carried out a safety audit and were satisfied that the centre mostly met the required safety standard. The centre was undergoing extensive repairs after a serious incident where two young people caused severe property damage. The manager must carry out a full Health and Safety audit once all the repair work has been completed. Much of the repair work had been completed however there were still some bedroom areas which required painting and decorating. The manager must ensure that the bedrooms are restored to a good standard of décor.

Routine maintenance and repair work was carried out promptly. The manager carries out a monthly health and safety audit, and a maintenance and repair log was in use. The centre health and safety statement was kept up to date and there were effective means for reporting hazards. The centre has a nominated staff Health and safety officer. All staff members were trained in first aid techniques.

The vehicle used to transport the young people was roadworthy, legally insured and driven by persons who were properly licensed. Weekly safety checks were carried out

on the vehicle and reports are recorded. The manager must ensure that the maintenance records are signed by the staff member carrying out the checks.

Accommodation

The centre was undergoing extensive repairs after a serious incident where two young people caused severe property damage. Much of the repair work had been completed however there were still some bedroom areas which required painting and decorating.

Maintenance and repairs

The inspectors reviewed the maintenance log and could see that routine maintenance and repair work was carried out promptly.

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 and Safety)

-Part III, Article 13, Fire Precautions.

Required Action

- The manager must carry out a full Health and Safety audit once all the repair work has been completed.
- The manager must ensure that the bedrooms are restored to a good standard of décor.
- The manager must ensure that all maintenance records are signed by the staff member carrying out the checks.

4. Action Plan

Standard	Issues Requiring Action	Response	Inspectors Commentary
3.5	The supervising social worker must ensure that the centre receives a copy of the statutory review minutes and an updated copy of the young person's care plan.	This has been discussed with the social worker and has been rectified. Any ongoing issues will be followed up by the centre and the audit team in DCS.	Accepted
3.6	The service director must ensure that a full review of this incident be carried out and furnished to the Registration and Inspection.	A full review of the incident has been carried out and reviewed by the service director. Report will be forwarded to R& I along with inspection response action plan	The inspector has received a copy of the incident review and accepts that it identifies potential learning and practice developments points from the incident. The inspector is satisfied with the report's conclusions and recommendations identifying specific areas for learning, improvement and growth, and follow up actions that are required. going forward.

3.10	The manager must carry out a full Health and Safety audit once all the repair work has been completed.	As per policy the Manger and SCL carry out Health and Safety audits monthly. All repair work in the centre has been completed in full to a high standard.	Accepted
	The manager must ensure that the bedrooms are restored to a good standard of décor.	All bedrooms in the centre, young peoples and staff, are restored to a high standard as is every other room in the centre	Accepted
	The manager must ensure that all maintenance records are signed by the staff member carrying out the checks.	In the centre, all maintenance is carried out to a high standard and signed off by the manager on completion.	Accepted