



An Ghníomhaireacht um  
Leanaí agus an Teaghlach  
Child and Family Agency

## Registration and Inspection Service

### Children's Residential Centre

Centre ID number: 056

Year: 2015

Lead inspector: Eileen Woods

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## Registration and Inspection Report

<b>Inspection Year:</b>	<b>2015</b>
<b>Name of Organisation:</b>	<b>Ashdale Care Ireland Ltd</b>
<b>Registered Capacity:</b>	<b>Four young people</b>
<b>Dates of Inspection:</b>	<b>14<sup>th</sup>, 15<sup>th</sup> &amp; 16<sup>th</sup> July '15</b>
<b>Registration Decision:</b>	<b>Registered without conditions 14<sup>th</sup> January 2015 to 14<sup>th</sup> January 2018</b>
<b>Inspection Team:</b>	<b>Eileen Woods Sinead Diggin</b>
<b>Date Report Issued:</b>	<b>November 30<sup>th</sup> 2015</b>

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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

An application was duly made by the proprietors of this centre for registration of this new centre on 16<sup>th</sup> January 2015. This announced full inspection took place on 14<sup>th</sup>, 15<sup>th</sup> and 16<sup>th</sup> July 2015 over a three day period and this report is based on a range of inspection techniques including:

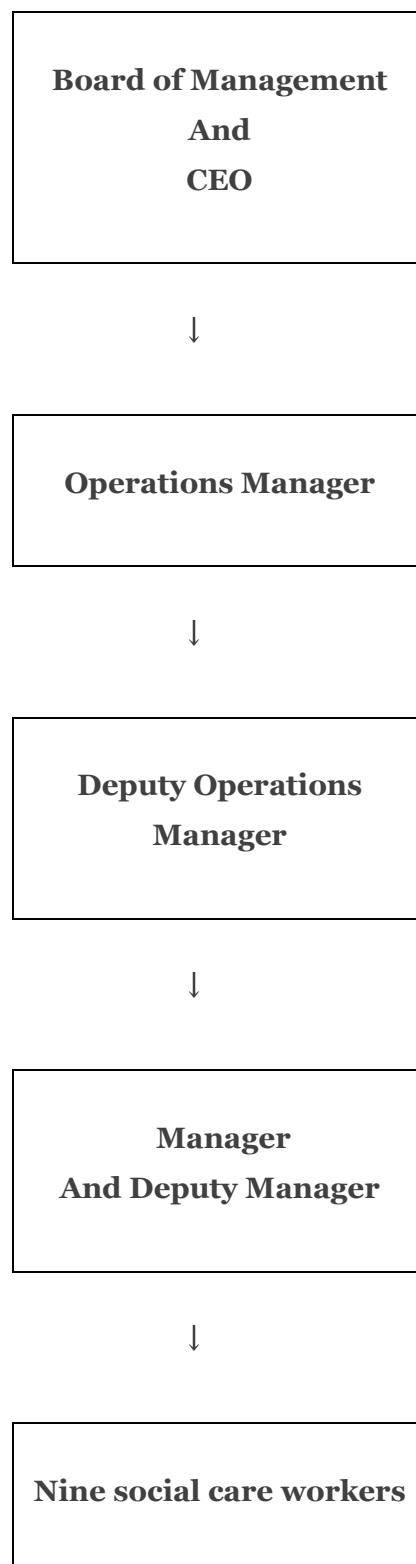
- ◆ An examination of the centres application for registration.
- ◆ An examination of pre-inspection questionnaire and related documentation completed by the manager.
- ◆ An examination of the questionnaires completed by:
  - a) The management team
  - b) Eight of the social care staff
  - c) Two of the young people residing
  - d) The social workers with responsibility for young people.
  - e) Other professionals inclusive of tutors, psychologist, GAL
- ◆ 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 manager
  - b) The operations manager
  - c) The deputy operations manager
  - d) Four of the social care staff
  - e) The allocated social workers

- ◆ Observations of care practices 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 this date, 15<sup>th</sup> December 2015, 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 056 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 14<sup>th</sup> January 2015 to the 14<sup>th</sup> January 2018.



## 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 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 provides medium to long term specialist residential care to young people between the ages of eleven to eighteen and was registered to commence operations in January 2015. The centre has access to a clinical therapeutic team who advise the team and work with the young people one to one as agreed. There is also an educational and life skills programme available to the young people.

The aim of the centre is to provide safe and structured care for young people and to create an environment in which young people are supported through periods of stabilisation and growth.

Inspectors found that the management and staff were clear about the role of the centre and the type of person centered care they wished to provide. There was a comprehensive statement of purpose and function in place and this was reinforced through the regular access to the clinical therapeutic team at team meetings and through weekly consultation and reports. There was a strong focus on the core principles of care at the team meetings in particular and the team were observed to engage well with this.

At the time of the inspection the day to day operation of the centre was in accordance with its model of care but the progress of this had been impacted upon by a number of factors and considerable learning was taking place within the centre and in the wider company with regard to how to deliver a specialist service with small but complex groupings of young people.

There is a full set of policies and procedures in place and booklets for family and for young people.

#### **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.

## 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 manager of this centre is a qualified and experienced person and this is their first manager post. Inspectors found that the manager had a vision for how they wanted the centre to develop and they displayed oversight of the work through daily presence, review of records, provision of good quality supervision and through team meetings and handovers. The team and young people identified the manager as a consistent and supportive presence. The manager is assisted in this role by a deputy post, at the time of the inspection both had been in a position where they had to cover shifts but hoped with new recruitment that this would no longer be necessary.

The manager had a good awareness of the value of internal governance and support of staff and there had been learning regarding staff needs in the context of a specialist setting. Inspectors identified that the manager must focus on suitable gate keeping of admissions and stabilisation of the team in particular ensuring that the centre grows in strength and has a formal system of learning from decision outcomes.

External oversight takes place through the deputy operations manager who visits the centre weekly and a record is kept of this. The visit days vary and can be unannounced. The operations manager visits monthly. The external managers receive all significant events, complaints and child protection notifications. There was an acknowledgment at senior management level at the company that admissions would have to be better managed to take account of all of the factors involved such as the mix of young people, their age profile and the domestic open style of the care setting. Action has been taken by the proprietors to enhance external governance structures, some of which was operational at the time of this inspection. All staff had been informed about the changes in the senior management team.

There is a monthly managers report completed and a monthly managers meeting held, this includes the therapeutic team. External management knew the young people and were available to them.

## **Register**

A suitable register was in place at the centre. A copy of this is maintained by the Child and Family Agency in accordance with the relevant regulation.

## **Supervision and support**

Supervisions took place regularly and were structured in accordance with the centre's policy on supervision, the sessions evidenced a focus on team formation and establishing the therapeutic approach at the centre. There is a probation system in place with reviews at three and six months, for new staff or where deemed necessary the manager provides fortnightly supervision. The manager is provided with regular supervision and support in respect of their development within the management role. There was also evidence in the staff supervision sessions of a focus on the young people's individual development plans (placement plans) and on training, development, competencies and accountability. Day to day life at the centre had been challenging for both young people and staff and there was evidence of a high level of informal supervision being offered to staff throughout this period. The young people were being supported by the team, the clinical team, other professionals and by their social workers.

Internal and external support is offered to staff and this is evidenced as offered in the supervision sessions. There is also a check in at the start of each team meeting and there was evidence that staff can and do seek support at this forum.

Post crisis debriefs are provided after a serious significant event and the team engage in reflective practice at the end of each shift. Group supervision has also been held to support the day to day operation of the team and these mechanisms are appropriate to the nature of the specialised function of the centre and the vulnerability of the young people living there.

Team meetings are fortnightly and are a shared multidisciplinary process with the centre staff, management, the clinical and education teams. Inspectors attended a team meeting, which included a social worker, and observed the review of the individual development plans and steps to achieve goals being conducted with an awareness of the history and assessed needs of the young people. Handovers took place daily and were well organised, crisis management plans are brought to each handover to ensure they are kept live.

Staff contracts and pay scales were being reviewed and renewed at the time of the inspection.

## **Training and development**

The company runs a yearly schedule of training devised by the clinical team and available monthly, all staff are expected to complete all modules in due course.

Attendance is monitored by the manager and the training had adapted over the years in support of the specific model of care.

Core training in children's first, a certified method of behaviour management and restraint, first aid and fire safety had been completed by staff as part of their induction.

### **Administrative files**

It was clear from the records that the manager supported by their deputy maintained good oversight of the records and the actions and decisions undertaken by staff. The staff received feedback from the manager about their work and the manager was available to them on call if needed. Actions to safeguard the interests of staff and young people had been strained by the changes to the team and the rural location of the property. Inspectors ask that there be specific measures in place known by all staff for how to risk manage periods of time when staff are alone with young people. There was a system for petty cash and the amount available adjusted as per additional young person. Essential items such as home heating oil and clothing are organised separate to the core petty cash and staff plan ahead to balance the outings and activities for each young person. There was evidence of planning and funding for education. The team had identified the need to develop the recreational options at the house and were working toward acquiring items through saving and additional finance requests.

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

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

The significant events records were well maintained, clearly expressed, completed in a timely manner and sent to the appropriate parties involved in the oversight and direction of the young people's care. The individual records had managerial commentary sections completed and actions identified to try to positively influence young people's behaviour.

The inspectors found though that staff had not been briefed on previous feedback given by inspectors regarding the company policy on what constitutes a significant event. There had also been feedback from a social worker to the team about what they wanted reported to them. This information was not represented as widely known by all the team. The matter of thresholds for what constitutes a significant event is subject to best practice norms as well as the individual nature of the young person's needs at particular times in their lives. Consultation with social workers is key for the centre and this consultation should continue throughout a placement.

Review of significant events takes place through the multi disciplinary team meetings, the senior management team should consider a dedicated critical incident review mechanism.

### **Staffing**

From a staff allocation of nine three were named as currently studying for a relevant qualification. The team does have a mix of qualified and some experienced staff but the manager needs to monitor that they have suitable numbers qualified and experienced to social care leader level on an ongoing basis and that these staff are deployed in a manner on the rota to reflect this to ensure their ongoing compliance with Child Care (Standards in Children's Residential Centres) Regulations 1996 Part III, Article 7, Staffing (Numbers, Experience and Qualifications).

The staff team had been supported to be vocal about their experiences at work and to avail of the professional supports on offer. There was evidence that they communicated well in an age and need appropriate way with the young people.

There was evidence on file of inductions being completed initially with new staff before starting on duty. There was evidence latterly of staff starting directly on shift and noting how challenging that had been in respect of the particular nature of the presenting behaviours. For example by the time of a second shift on duty an inexperienced staff had been involved in an outing with a young person during which an incident took place. The practical strategies had not been adequately developed and thought through to risk manage the situation. The manager was aware that inductions had not been optimally supported at a particular point when new staff were joining the team.

Vetting was completed in accordance with the circular from the Dept of Health 1994.

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

None identified

### **3.2.4 Regulation Based Requirements**

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

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

## Required Action

- The significant event policy and practice must be the subject of ongoing review and internal training with the staff. The expected practice with regard to reporting must be understood by all staff.
- Staff must be deployed to take account of the requirement to have a staff member qualified and experienced to social care leader level deployed through the rota.
- The policy and practice on inductions must be adhered to.

## 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**

An unannounced monitoring visit took place on the 4<sup>th</sup> of June 2015, a report of the visit was finalised in August 2015. There has been ongoing contact between the manager and the monitor who was satisfied overall with many of the practices at the centre but had concerns about the transparency and planning around admissions. The management responded to the monitors report with a detailed action plan. Inspectors observed items already implemented in practice at the centre from the monitors recommendations. The monitor met with one of the young people and inspectors found that the young people are informed about the monitor in their booklets.

### **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.*

## 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**

The centre offers weekly young people's meetings and individual consultation through key working, direct work and day to day interactions with the young people. A weekly planner and meal planner is done with all young people at the weekend.

The goal of the team is to directly involve the young people with their own plans, this was not in place at the time of the inspection but was planned with the newest young person once they had settled in.

Inspectors found that the young people did tell staff about what was on their mind.

The team listened to the young people and invested in them but evidence of proactive advocacy and action to avoid issues becoming more difficult or complex was not necessarily evident. It is the key workers role to advocate for the young person and to represent their views at team meetings inspectors recommend that this aspect of the key work role be strengthened.

The young people displayed knowledge of and ability to contact advocacy organisations, their social worker, and their guardian ad litem. They were helped prepare for their reviews and were supported to address the court if this was their wish.

##### **Access to information**

The young people can see their log book upon request and this had been done by a young person with their keyworker. The manager said that young people can comment and write in their log if they wish to add something or if they disagree with a recording.

Family is kept informed directly by the centre or by the social worker depending on the individual family arrangements.

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

## **Complaints**

The policy and practice governing complaints and grievances had been reviewed at team meeting level with all staff and the manager was overseeing its correct implementation. There was a register of complaints at the centre and there had been four formal complaints made, all were between residents.

Inspectors found that the records of grievances and how it is structured needed to be improved. How the young people are responded to or given feedback also needs to be given due attention as there was evidence of the process but not the outcome and the young person's view.

The manager was knowledgeable about the formal complaints, four of which had been made, and all of which had been notified to the appropriate person's. The centre investigate internally and the social worker conducts a separate investigation where necessary. The social workers of the young people making the complaints had oversight of the complaints, the actions taken and the young people's views. Both social workers are informed if the complaint relates to another young person. Outcomes should be cross referenced to the place(s) where they were followed up with the young person and the outcomes noted

### **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**

- Grievances should be logged in a clear manner through to actions and outcomes including the young people's view of same.
- Complaints records should cross reference to actions and outcomes.

## **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**

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

For two young people care planning was completed in accordance with the regulatory timeframes. Another had an emergency move and change of social worker and had not been subject to review immediately upon the move, it was though reviewed in June but the updated plan was not on file at the time of the inspection. There was evidence of consultation with and involvement by two of the young people in their reviews whilst another young person was provided with an opportunity to participate. Placements plans were on file for all the young people and were detailed and inclusive of a range of goals keeping a focus on the overall long term goals. There was congruence between the short term goals and interventions and the overarching long term aims. Interdisciplinary communication and co-operation was evident throughout a number of the plans in particular and the team were knowledgeable about all the aspects involved. The key working and supervision was reflective of the plans and the advice and therapeutic guidance from the clinical team. There was evidence that the team maintained an optimistic view regarding setting goals that was not fully congruent with what a young person was saying about their motivation for change. It is important to have a vision for young people but also to hear what they are saying and act in response to this.

#### **Contact with families**

Contact with family and previous carers was well represented on file. The team travelled significant distances with young people to maintain their family or community and friendship ties. It is difficult for young people particularly those who have had multiple moves to nurture a sense of community, family and belonging whilst also expected to build relationships where they are now based. It is important that the key workers and social workers support young people sensitively to find stability and to build positive family contact. The placement plans and care plans varied to what standard this was reflected and the manager was aware of this and had raised specific questions about it. Records are maintained of contact with family members.

#### **Emotional and specialist support**

Key workers are assigned to young people but all staff also take a role in completing individual work with the young people in accordance with the plan or as opportunities present, all the individual work and the sessions are recorded. There are monthly key work summary reports and these were balanced regarding the challenges and the positive and protective factors.

The therapeutic team inputs into the plans for the young people and this was reflected on file at the centre. They are mainly but not always the lead clinicians involved with the young person during their stay. They attend the team meeting and lead the review of the individual plans, they also support key workers in adapting the plans for the young people. They skype with the centre on three of every four weeks per month to support problem solving and risk planning for the weekends.

Specific programmes in anti bullying and drug intervention are conducted at a group or individual level at the centre or externally at their local headquarters.

There were copies of assessments and other reports on file and the staff were familiar with their content. The team was involved in good quality interdisciplinary co-operation and there was evidence of good communication with two of the social workers in particular with regard to co-coordinating the therapeutic plan for the relevant young person.

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

The centre has a form that is completed per each social work visit to the young person, some visits were taking place every two weeks or even more frequently whilst others were monthly. One social worker had not visited the centre since the young person moved there and a new social worker had been allocated at that time.

### **Preparation for leaving care**

Preparation for moving from the centre was looked after in an open and compassionate manner for the relevant young person. The care plan and other planning forums also took account of the need to plan all transitions sensitively for young people, this applied in particular to the planned placements. The manager and key workers were involved in this and the team were kept well informed about the time frames, for moves, through the team meetings. The young people were kept informed by their key workers and their social workers.

A recent child in care review started the leaving care formal planning process at sixteen in accordance with the policy and standards guidelines.

### **Discharges**

At the time of the inspection no young people had been discharged from the centre. The centre have a policy and procedure to guide their work in this area.

### **Aftercare**

There were no young people in the age range for aftercare planning

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

The young people's files had copies of their care order, birth certificate, consents, photos, copies of any additional legal orders as per jurisdiction requirements. The files were well organized and written in a clear and structured style. Young people's comments were recorded in their own words and it was clear that staff listened to them.

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

#### **Suitable placements and admissions**

There was a significant level of planning and preparation evident on the files of two young people whose assessed placement needs were in accordance with the service on offer through the centre. There were transitions completed and both had an opportunity to learn about the centre and visit it. Their social workers also took a structured approach to planning for the placement, including proposed timeframes which is significant as the young people were all placed a distance from their home areas, family and friends. Routines such as bimonthly meetings, monthly reports, goals, aims and objectives were agreed along with visit and meeting schedules for social workers. Persons such as child advocacy workers and guardian ad litem were also identified to visit regularly.

It was identified by all staff that a short term approach to placement length does not suit the programme on offer which takes time to stabilise and engage with the young people and build therapeutic engagement and interventions.

A significant issue arose when a decision regarding a move into the centre was made without clear information regarding the preceding incidents and without due regard to the group dynamic and needs of the resident young people. This matter was addressed by the chief inspector with the company and it was agreed that admissions must take place in a planned and transparent manner in accordance with the purpose and function and admissions policy. The manager must also take a gate keeping role in admission decisions having regard to the nature of the needs of all the young people.

Group impact risk assessments and individual risk assessments were completed, inspectors found that the known information about the young people was represented in the risk assessments but that where the placement decision was not suitable the risk assessments did not avert a negative impact occurring. In fact the group impact risk assessments identified a significant degree of mutual impact for which a number of valid protective factors were listed but were not ultimately jointly successful.

## 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 specialised nature of the placements at the centre benefits from a high level of involvement from the social workers. This was evidenced by two of the social workers and their departments in particular with regard to the nature of the needs of the young person involved. This was apparent through strong leadership and direction around the placement needed, what the long term goal was and in conveying a sense of the child and being their advocate. Two of the social workers had visited and a third was newly allocated at the time of the inspection. One social worker had read the logs regularly, and social workers are all sent monthly reports. One care plan had not been updated in accordance with the regulatory timeframes and a copy was not on file at the centre.

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

None identified.

### **3.5.7 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 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**

- Admissions must take place in a planned and transparent manner in accordance with the purpose and function and admissions policy.

- The manager must take a gate keeping role in admission decisions having regard to the nature of the needs of all the young people.

### **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 ethos of the team in their caring approach was very evident in their sensitive attention to and persistence with key personal issues that were impacting the young people's day to day quality of life. The team focus on getting young people engaged locally in activities or sports that they like and they promote friendships where they can. Weekly planners are in place for young people and these plans showed that the team aim to get the young people involved in clubs, sports and other activities where they can meet new friends. The team were aware of the impact of change and transitions.

##### **Provision of food and cooking facilities**

The centre has a domestic style kitchen where the goal is to have shared meals and where this is a struggle for some young people it is something that they can try with the support of the staff. The team are trained in food safety and hygiene. Young people have access to the kitchen and can cook with staff as well as devising menu plans and completing shopping for the house.

Matters related to diet were managed clearly and sensitively with specialist advice integrated into the day to day routines

##### **Managing behaviour**

The centre approach to managing behaviour is through the use of risk assessment and behaviour management plans and those on file were detailed and reflective of the known history. The behaviour management plans were reviewed monthly and there was evidence of multidisciplinary consultation in their development and review. Sanctions were recorded and reviewed by the manager, effectiveness was considered and some involved multidisciplinary consultation with regard to their suitability to

the overall goals for targeted behaviour change. Sanctions were not aligned to incidents where possible so negative cycles were avoided in favour of consistent and positive programmes. The young people's comments were recorded but not necessarily responded to where they were dissatisfied and the manager should review this aspect in the context of consultation with young people. The young people were inducted into the rules at the house.

At the time of the inspection targeting between young people was a problem, in particular there was verbal targeting. Complicating factors pertained such as age differentials and length of time with the team. There were formal complaints made internally and externally to for example a judge and local gardaí and the social worker monitored closely and supported how the centre sought to address the matter. One of the clinical team was delivering a bullying awareness programme at the centre and a restorative justice approach as well as a teaching approach was being used by the team in addressing the issues. There was evidence that all staff did not feel they could successfully influence or fully direct the atmosphere in the centre at times and this is something that will have to be focused on to support the specialised purpose and function.

Inspectors found also the team need to be clear in hearing statements by young people about their intent, this is significant as gardaí had to be called a number of times and staff injured during incidents.

### **Restraint**

Seven restraints had been conducted, these occurred over a concentrated period of time, and a review and a plan were implemented which resulted in the restraints stopping and other interventions being utilised to divert from this. The staff who conducted these were trained and supervised with some debriefing conducted. The young people are supported by staff through the life space interviews, the offer of medical attention and by their social worker, therapists or independent advocates. It is understood by the team that restraint is a difficult and upsetting experience for a young person and steps are taken to avoid its use except in exceptional circumstances. The young people's behaviour management plans addressed the matter of the safe use of restraint on an individualised basis.

### **Absence without authority**

The centre has both a significant event log and an unauthorised absence log. Neither log correctly named the incidents as missing from care events nor the use of language in the logs should be corrected. There had been three missing child from care incidents and the team in their reporting followed the correct agreed protocol. There were absence management plans on file and staff when travelling with young people brought these plans and all necessary documents in the event of a missing from care

episode. Inspectors recommended that better photographs be placed on file for this purpose.

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

#### **Race, culture, religion, gender and disability**

At the time of the inspection the staff were struggling to help young people to practice fairness and anti-discrimination within the group. Efforts were being made to improve the environment and understanding within the group and the clinical team were involved in providing interventions. Inspectors found that there was not a comprehensive policy available to staff and that what is available needs to be expanded.

### **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**

- An expanded, comprehensive policy and procedure on anti discrimination must be developed to support the staff in their work.

### **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**

There is a suitable policy in place and the manager has in place good practices in the provision of supervision and oversight of the team. There are alarms on the bedroom



and front doors and staff supervise the young people to a good standard. The staff physical presence and interventions has not prevented negative impact between the young people and this is something they are aware of and actively worked to counter and discourage.

The young people's advocacy group EPIC visited the centre and another advocacy service had extensive contact with a young person and this very much highlighted the value of access to structured external advocacy for young people, particularly when they experience many moves and uncertainty in their lives.

## **Child Protection**

### ***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.

All staff had received up to date training in children's first aid and the manager is the child protection officer for the centre. One child protection standard reporting form had been sent and this related to matters outside the centre. The issues between the young people had been reported through the significant event reporting mechanism. This was agreed taking account of the age and profile of the young people involved.

### **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 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**

There were clear examples of good co-operation and planning around prioritising the education needs of the young people. It highlighted that good interdisciplinary co-operation and planning with regard to a young person's education supports a positive outcome. A school and the team have worked together in a transparent and clearly recorded manner and this was reflected on file. Planning ahead and using strategies to wrap around the young person including building up their confidence and comfort



levels were all being done. The teams did a good job on educational transitions and promote a positive culture in this area.

Copies of educational assessments and statements of special educational needs were on file and were known by the staff and shared with the schools.

### **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.

## **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.**

The young people's health and well being needs were being attended to with a focus on specific areas as needed or with regard to specific diagnoses. There were records of immunisations and health histories on file but not for all the young people and the centre had followed up with the social work departments involved to request copies of same. A medical upon admission is conducted where deemed necessary and the young people had named GP details on their files. There were records of the other medical professionals involved with the young people and appointments and follow up needed were clearly noted on file and in the diary.

The centre's clinical team have expertise in a programme addressing substance misuse and this was available to young people as needed. There was expert involvement in sexual health and development education if necessary or the team completes this work either. There is action taken to deter smoking and there was a positive focus on health and well being in a holistic manner.

### **3.9.2 Practices 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)*.

### **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**

##### **Accommodation**

The property is owned by the company and some structural changes had been made before it opened as advised by the fire safety consultant, the main staircase was widened and the downstairs bathroom was made wheelchair accessible. The appearance of the house was bright and well decorated, the living area had two sitting rooms which allowed for some private space for the different interests and visitors to the young people.

The centre is insured with an appropriate policy and the property was in good repair, the grounds were developed with suitable landscaping. The team took pride in maintaining the house as a homely environment and identified that they want to add more recreational and play options both inside and outside the house. Young people have their own rooms and can decorate them with soft furnishings and bedding of their choice once living there. A young person named that their bedroom had been made into a special space for them.

##### **Maintenance and repairs**

There is now an estates manager for the centre and they will from now on co-ordinate all repairs. At the time of the inspection there was a suitable maintenance record in place at the centre and named persons in charge of day to day repairs. Items were repaired or replaced without delay.

##### **Safety**

The manager is the health and safety officer for the centre and has received training in this. There is a health and safety statement in place and the team had been inducted into this. There were health and safety records maintained. First aid training had been provided to the team and there was a good system of recording

medication administered and the medications were safely stored. The centre had two new cars and both were in good working condition.

### **Fire Safety**

The centre had a fire alarm, lighting, signage, equipment and sensors in place as advised by the engineer. The centre was fire and planning certified by the county council and this was verified by the engineer. Staff were fire safety trained and there were contracts in place for the servicing and maintenance of the fire fighting and detection systems. There was a record kept of the fire drills completed but the record did not note if each young person was inducted into the fire drill and evacuation procedures and the records should identify this.

### **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.*

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

None identified.

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

None identified.

## 4. Action Plan

Standard	Issues Requiring Action	Response	Inspectors Commentary
3.2	<p>The significant event policy and practice must be the subject of ongoing review and internal training with the staff. The expected practice with regard to reporting must be understood by all staff.</p> <p>Staff must be deployed to take account of the requirement to have a staff member qualified and experienced to</p>	<p>The significant events for the home are now reviewed as part of every team meeting, to ensure consistency across the team. The Home Manager as part of the induction process, clarifies with new staff what constitutes a significant event. They are also reviewed with the residential team alongside the clinical team on a monthly basis as part of the IDP. Further review takes place on a monthly basis at the management support meeting alongside senior management and the Clinical Team Leader/TCI coordinator.</p> <p>We can confirm that since the inspection we now have another experienced member of staff as part of the Killylaragh team, who is also a TCI</p>	<p>What constitutes a significant event must be well understood on a policy and an individualised basis, as necessary.</p> <p>Inspectors are satisfied that the response will meet the required action.</p>

	<p>social care leader level on the rota.</p> <p>The policy and practice on inductions must be adhered to.</p>	<p>instructor. This staff member has been with the organisation for eight years and has years of relevant experience within the field. We can confirm that in conducting the transfer it has brought new skills and experience into the team and has offered the opportunity for significant role modelling within the team.</p> <p>We can confirm that there is an induction programme in place, within the organisation for all new members of staff. We endeavour to ensure that staff are trained in the core training in a timely manner.</p>	<p>All staff must be trained in the recognised method of behaviour management and physical intervention before starting work at the centre. All core training should be aimed to be completed prior to commencing duty.</p>
<p><b>3.4</b></p>	<p>Grievances should be logged in a clear manner through to actions and outcomes including the young people's view of same.</p>	<p>Following advice received during the inspection, the grievance format has been changed. This now includes what the grievance is, what the staff response to it is and what the young person's response is to this. This is then followed up with the whole team in the forum of the team meeting, were the team are able to fully discuss the grievance and feedback is given to the young person as well as</p>	<p>Inspectors acknowledge the work undertaken by the centre to provide opportunities for young people's concerns to be heard.</p>

	Complaints records should cross reference to actions and outcomes.	any action plan which may be required.  We can confirm that the home ensures that clear actions and outcomes are recorded, during the complaints process.	Inspectors are satisfied that the response will meet the required action.
<b>3.5</b>	Admissions must take place in a planned and transparent manner in accordance with the purpose and function and admissions policy.  The manager must take a gate keeping role in admission decisions having regard to the nature of the needs of all the young people.	We can confirm that our current practice in relation to any new admissions is that we will continue to ensure that a collective pre admission risk assessment will be conducted and agreed with all social workers for the young people resident in the centre. This ensures that the admissions process is in line with our statement of purpose and function.  The management of the home are actively involved in the process of group impact risk assessments alongside the Clinical team to ensure that correct decisions are made with regard to new admissions.	Inspectors are satisfied that the response will meet the required action if implemented in full consistently.  Inspectors expect that the manager of the centre has a lead role regarding suitable admissions.
<b>3.6</b>	An expanded comprehensive policy and procedure on anti discrimination must be developed to support the staff in their work.	We can confirm that this is currently being reviewed within the clinical governance committee.	Inspectors request that this is forwarded to the Inspectorate upon completion.