



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Registration and Inspection Service

Children's Residential Centre

Centre ID number:	030
Year:	2017
Lead inspector:	Eileen Woods

Registration and Inspection Services
Tusla - Child and Family Agency
Units 4/5, Nexus Building, 2nd Floor
Blanchardstown Corporate Park
Ballycoolin
Dublin 15 D15 CF9K
01 8976857

Registration and Inspection Report

Inspection Year:	2017
Name of Organisation:	Don Bosco Care
Registered Capacity:	Five young people
Dates of Inspection:	13th and 14th September 2017
Registration Status:	Registered from 13th December 2017 to 13th of December 2020
Inspection Team:	Eileen Woods Sharon McLoughlin
Date Report Issued:	22nd December of 2017

Contents

1. Foreword	4
1.1 Methodology	
1.2 Organisational Structure	
2. Findings with regard to Registration Matters	8
3. Analysis of Findings	9
3.2 Management and Staffing	
3.5 Planning for Children and Young People	
3.6 Care of Young People	
3.10 Premises and Safety	
4. Action Plan	25

1. Foreword

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

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

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

The Department of Health and Children’s “National Standards for Children’s Residential Centres, 2001” provides the framework against which inspections are carried out and provides the criteria against which centres structures and care practices are examined. These standards provide the criteria for the interpretation of the Child Care (Placement of Children in Residential Care) Regulations 1995, and the Child Care (Standards in Children’s Residential Centres) Regulations 1996.

Under each standard a number of “Required Actions” may be detailed. These actions relate directly to the standard criteria and or regulation and must be addressed. The centre provider is required to provide both the corrective and preventive actions (CAPA) to ensure that any identified shortfalls are comprehensively addressed.

The suitability and approval of the CAPA based action plan will be used to inform the registration decision.

Registrations are granted by ongoing demonstrated evidenced adherence to the regulatory and standards framework and are assessed throughout the permitted cycle of registration. Each cycle of registration commences with the assessment and verification of an application for registration and where it is an application for the

initial use of a new centre or premises, or service the application assessment will include an onsite fit for purpose inspection of the centre. Adherence to standards is assessed through periodic onsite and follow up inspections as well as the determination of assessment and screening of significant event notifications, unsolicited information and assessments of centre governance and experiences of children and young people who live in residential care.

All registration decisions are made, reviewed and governed by the Child and Family Agency's Registration Panel for Non-Statutory Children's Residential Centres.

1.1 Methodology

This inspection report sets out the findings of an inspection carried out to monitor the ongoing regulatory compliance of this centre with the aforementioned standards and regulations and the ongoing operation of the centre in line with its registration. This inspection was unannounced and took place on the 13th and 14th of September 2017 and a review of vetting at head office on the 15th September 2017.

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

- ◆ An examination of the questionnaires completed by:
 - a) The director of services
 - b) The founder and board member
 - c) The manager
 - d) Twelve of the social care staff inclusive of social care leaders and relief staff
 - e) Three of the four young people residing in the centre
 - f) Two of the social workers with responsibility for young people residing in the centre.

- ◆ 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.

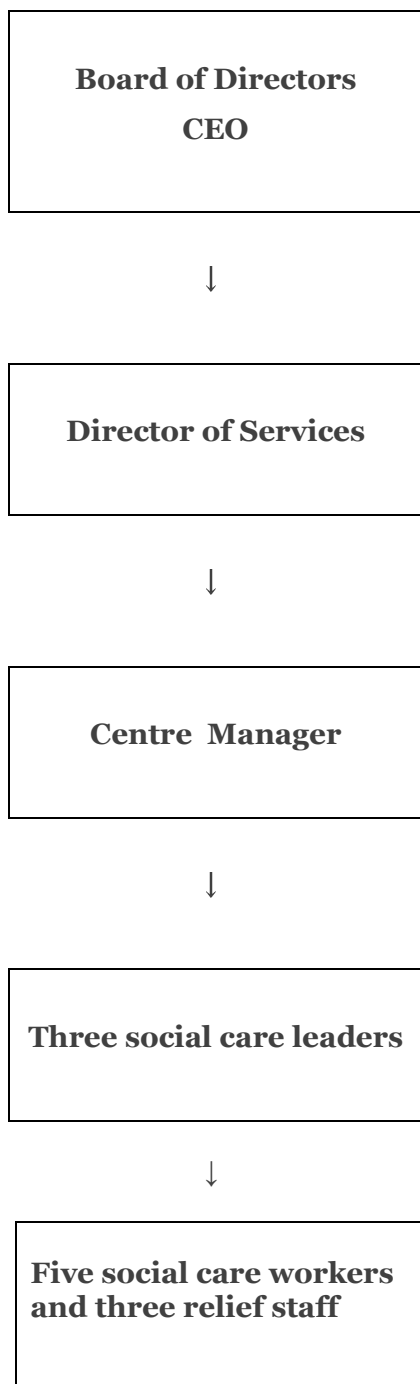
- ◆ Interviews with relevant persons that were deemed by the inspection team as to have a bona fide interest in the operation of the centre including but not exclusively

- a) The centre management
 - b) Three social care staff
 - c) Two social workers
 - d) A short conversation with a young person
- ◆ Observations of care practice routines and the staff and 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

The findings of this report and assessment of the submitted action plan deem the centre to be continuing to operate in adherence to regulatory frameworks and the National Standards for Children’s Residential Centres and in line with its registration.

As such this centre remains registered without attached conditions from the 13th of December 2017 to the 13th of December 2020.

3. Analysis of Findings

3.2 Management and Staffing

Standard

The centre is effectively managed, and staff are organised to deliver the best possible care and protection for young people. There are appropriate external management and monitoring arrangements in place.

3.2.1 Practices that met the required standard in full

Management

The manager of this centre has been in charge for nine years. The manager has evidenced ongoing development of the therapeutic model of care and leads through direct practice and support of the team in upholding the ethos of the service. This was found in the records of handovers, team meetings, in staff feedback, the records at the centre and the comments of the manager observed through the files. The manager delivers the majority of the supervision to the core team, read the logs, key working records and the records of the community meetings that are a central tenet of the delivery within the centre of the therapeutic model of care. The manager also attends relevant meetings with key workers or social care leaders.

The director and the manager have a reporting mechanism in place that is suitable to the needs of the centre and records reviewed by inspectors evidenced an emphasis of outcomes for young people and support for the staff and the manager. The manager prepares a monthly written report for the director. Inspectors found these records to be reflective of good governance and of a high value approach to training and development of the service. The director of services introduced a new oversight mechanism for their governance of the centre in July 2016. There are monthly managers meetings held and inspectors reviewed records of these. There was evidence that the governance arrangements were having a positive impact on service delivery and could continue to develop further. Inspectors found that the management roles were defined and clear and the director of service reports to the CEO and the board of directors. The director visits the centre and is familiar with the young people. The young people in turn named the director as the external person they can go to with a complaint if they wished. The director attends team meetings with the manager and receives daily updates on planning at the centre.

The director and the manager both oversee all significant events reports and there were examples observed by inspectors of practice being adapted in response to changing needs. The centre can move from being settled and relatively predictable to volatile depending on the mix and needs of the group and inspectors found evidence of the centres ability to work within a changing dynamic.

Register

The centre maintains a register of young people which contained the relevant information. A record of the young people living at this centre is centrally maintained by the Child and Family Agency in compliance with the relevant regulation.

Notification of Significant Events

The centre has a suitable policy on significant events and inspectors found that the staff were well informed about what constituted a significant event. The reporting of significant event reports was completed in a timely manner and the social workers that the inspector spoke with were satisfied with the information shared by the centre.

The lead inspector for this inspection is also the lead inspector with responsibility for oversight of the organisations significant events reports and a number of issues had arisen that required contact with the team at the centre. Some reports were sent without the organisations encryption and a range of small data errors were followed up on. The manager stated that this matter was brought to a team meeting and will be brought again as a follow up. The inspector's findings were that the team must take more independent responsibility for the day to day operation of the significant event reporting including checking dates, attachments and encryption. The lead inspector has found that there have been improvements in the areas identified since they were raised and recommend that the team keep a focus on this on an ongoing basis.

There is a significant event review group within the organisation one of the two therapeutic consultants is involved in this. Inspectors reviewed only one record of a significant event review group. This was an example where an in-depth learning review took place after an incident of bullying at the centre. There was evidence on file of how the feedback generated from this was brought back to the team.

Staffing

There is a staff complement of eight social care staff inclusive of three social care leaders, there are also three relief staff as well as access to a wider panel. Inspectors found that there was a suitable emphasis on maintaining a stable and well trained team and that this has been achieved at the centre. Inspectors found that there was experienced and senior staff available on shifts and the team overall had an evidenced ability to support the four young people who were resident at the time of the inspection. During the onsite inspection interviews were conducted with three staff, all of whom were new to the centre since the last inspection. All three evidenced a strong and well integrated understanding of the model of care and the daily practices that are in place to support the young people. They noted that senior staff are available to guide them and that they receive regular feedback and supervision as part of their development. The young people for their part all noted a range of different staff, usually their key workers and management, who they would go to for their needs, both practical and emotional.

A review of six personnel files was conducted and a number of items were noted for attention and these were forwarded for action to the director of services by the inspector in the days following the review. Good practices were found in the renewal of garda vetting for existing staff every three years and in the follow up on verification of references and qualifications on some of the files. Deficits were found in the follow up of verification of qualifications for four of the six files, in some instances actions had been started on these but then not completed. The director followed up in the weeks after the inspection and all outstanding items noted were brought to a conclusion. This now places the centres personnel files in substantial compliance with the Dept of Health Circular 1994.

There was evidence of inductions completed with staff including those who joined the full time team from relief positions or following placements while attaining their qualification.

Supervision and support

The centre has a suitable policy on supervision which sets out a session goal of one every four to six weeks and there were good records on file of supervision being completed, recorded and signed in accordance with the policy guidelines. Sessions are booked at the weekly team meetings. The manager and two of the social care leaders are trained in the provision of supervision. The manager oversees the

supervision provided by the social care leaders and supervises them along with some of the social care workers. The content of the supervision sessions focused strongly on key working, aftercare, placement planning and how this is realised in accordance with the therapeutic model. There was evidence of accountability for practice and open communication being encouraged. Team facilitation has been provided in the past and the manager confirmed that it could be again in support of a good understanding of working and communication styles. The director of services supervises the manager on four to six weekly basis, these are also signed by both parties and agreed. The records reflected that regular supervision is provided to the manager and that this is reflective of a busy centre and of the work load resting with the manager.

There are weekly team meetings that inspectors found supported a cohesive team approach, the minutes of which were well maintained and the time for the meeting utilised in a structured and efficient way. There was evidence of good levels of attendance at all team forums and the manager and the director of services are at the majority of the team meetings. The manager keeps on oversight on good attendance and participation. Similarly the daily handovers are structured with the manager in attendance at most. Inspectors observed a handover whilst at the centre and found that this and the team meetings reflected the planning for the young people and the agreed approach to their needs as seen on file.

The process group meetings review the therapeutic tasks for the young people and concrete examples are utilised to support the team in intervening with the young people, inspectors found that there were good records maintained of the process groups and that there were actionable outcomes for staff to implement with the young people that are reviewed at later sessions.

The staff have contracts of employment and can access an employee support service should they so wish.

Training and development

The core training for the team in the agreed method of behaviour management, in this instance TCI (therapeutic crisis intervention), first aid, and Children First and fire safety were either completed or booked. No undue delays in timeframes for completion were noted. The centre have access to training provided by Tusla, The Child and Family Agency on the revised Children First guidelines and are updating all staff through this online training.

Inspectors found that some of the team have received additional training that is complementary to the therapeutic model of care. Staff are supported by a child and adolescent psychotherapist on an almost monthly basis for consultation and have a

process group with a second psychotherapist also on a monthly basis to support the team in implementing their theory in practice. Both consultants are experienced and qualified specialists in therapeutic child care and one of them is involved in the significant event review group.

The majority of the core team members have trained in a programme called daily life events, DLE, and in RAP response ability pathways/circle of courage. Training for two staff in attachment theory is underway. The manager described these as useful for adding elements to the model of care and inspectors found that both of these have been implemented with clear meaning across the files and records. The manager is now a trainer in “the purposeful use of daily life events”. Other types of training have been completed by team members and these include for example Safe Talk or ‘Working with troubled young people’. Much of the additional training is devised and provided by professionals within the voluntary body itself.

Administrative files

There was evidence of the manager overseeing the records maintained by the staff and addresses anything noted in supervision or if a wider issue they will do so at a team meeting. Inspectors reviewed the registers in place at the centre and found that there were good systems maintained in place around the registers, for example the register of informal complaints linked in a traceable manner to actions at either community meetings or with key workers. The availability of a formal complaints option was also noted. There was evidence of the manager but also the director of services reviewing the registers.

The manager informed inspectors that there is adequate funding and financial arrangements in place for the operation of the centre and for the young people’s personal needs. No issues were raised by the young people or the staff with inspectors about finances at the house. The director confirmed that there is an ongoing level of budget shortfall following significant cuts during the recession that continue to reverberate today. This has at times threatened the capacity of the organisation to continue operating. It is therefore all the more striking the investment made in improving the standard of care and thereby the outcomes through good quality support and training for the team and a good standard of living for the boys at the centre.

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.

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

This centre has a capacity for five young people, all male, and at the time of the unannounced visit there were four young people living there. The centre provides mainstream care for twelve to eighteen year olds on a medium to long term basis, the organisation has a range of aftercare services available for over eighteens leaving the centre. Two of the young people were approaching eighteen one toward the end of 2017 and one early in 2018. The other two young people were fourteen and fifteen respectively. The team have worked with children under the age of twelve toward a specific purpose and the change to the purpose and function was agreed through a structured derogation process with the Registration Panel.

The records at the centre evidenced that the young people were suitably placed and had moved into the centre in a planned manner although this can happen quickly if a young person is in crisis. One social worker reported that a rapid admission had been facilitated for a young person in crisis but that the centre management had been clear that the preference is for planned transitions. Admissions meetings are held with the young people and their social workers and these set the terms of the placement well from the outset according to records reviewed by inspectors.

Referrals to the centre are all from the Dublin north east region of the Child and Family Agency although most still are even more local to the north Dublin city region that the centre is located in. The director of services and the manager review the referrals received though the local process and the mix is considered through an impact risk assessment. All allocated as well as referring social workers were consulted about potential new placements and the impact they may have had on the young people they had placed in the centre. This process was verified by a social worker for one of the one young people. The team become involved at the completion of impact risk assessment stage and inspectors found evidence of safeguarding planning for the most recent admission at the team meeting preceding their move onto the centre. The manager explained that this is first and foremost a mainstream centre but with a specific model of care and referrals are considered on that basis to give them the best chance of a stable and successful placement. Inspectors found that along with risk assessment, consultation and planning that the centre had been provided with the available up to date information regarding the young people being referred and that this information informed the team approach to that young person from the outset.

The manager also outlined that they always address with the young people about why they are living at the centre to ensure they have a good understanding of same. This is also done by the social workers for the young people.

Contact with families

There was good evidence of involvement with family and the team evidenced the understanding that the family are a big part of the young people's lives and of their chances of a successful placement. The manager aims to meet all parents once a young person moves in and at the time of the inspection they had met all bar one. The goal of the staff is that a young person, where it is possible, will move home successfully. The team work with the families, some daily, in keeping track of the

younger residents in particular when they are away from the house in a bid to minimise risk taking behaviours. The team also support young people who are in turn supporting their parents and showed a caring awareness of the needs of a young person in that situation.

Contact with siblings is also minded and a social worker reported that a foster carer involved with a sibling of a young person stated that they were happy with communication with the centre and how arrangements for access were organised.

Supervision and visiting of young people

Inspectors reviewed social work contact sheets maintained by staff and these reflected regular phone contact with the social workers and their young person where the young person was willing to engage. These records did not reliably show if social workers visited the young people at the centre or met them at their offices, all of which were close by for the young people. Two of the social workers described their level of contact with their young person, for one social worker it was at the office and at the centre and the young person was able to independently seek them out. For the other social worker they were newly assigned and had made several efforts to meet the young person which included making themselves available at the centre.

Emotional and specialist support

The young people at the centre have two key workers assigned to them and there was evidence both on file and directly from the young people that there is a relationship with the staff and that the young people feel they can approach them. Inspectors reviewed weekly key working reports and found that these were completed with a focus on positives, consultation with the young people and are signed by the key worker and the manager. The key work reports are sent to social workers and where involved to Guardian Ad Lita.

The emotional needs of the young people are given prominence in centre and in social work planning and the team look at creative ways to engage reluctant young people. If changes or concerns in mood are noted the team act and also contact other parties in support of the young person. There was evidence of good interdisciplinary work in support of the young people's emotional needs.

The team are supported by two psychotherapists on a monthly basis throughout the year, one consults on the direct one with the young people and the other connects the theory and practice and completes team process and facilitation groups. A key factor of living in this house are the community meetings which can be called either staff or

young people. The purpose is for the young people and staff to have a safe shared space in which to discuss and resolve issues or where sanctions can be agreed. There is a community budget allocated through the community meeting and this is individualised. The manager and staff stated that the young people understand the concept of the community meeting as evidenced by their ability to challenge each other when behaviours impact on each other or on the house. The records reviewed by inspectors show that young people do participate in community meetings and can challenge each other and staff particularly regarding sanctions or rules.

Preparation for leaving care

The placement plans for the older two young people reflected planning suitable to young adulthood with an emphasis on education and skills as well as daily life skills and their emotional well being. There were specific sections on money management, accommodation and independent living skills. The young people will both be availing of aftercare inclusive of accommodation within the organisation and they noted this as a significant positive in their lives. The staff were mindful of the developmental age and willingness to engage of the young people when being prepared for aftercare. Strategies were discussed by the team to intervene where necessary. Inspectors found evidence that where something was not at first successfully completed, for example a training course, it was rescheduled and kept in focus and on the plan by the key workers.

Discharges

The manager observed that the most recent group of young people that had left the centre had moved into the organisations aftercare accommodation. The discharges from the centre are planned in advance and the aim is to have this be a positive experience with a party of the young person's choosing. Young people can and do call into the centre and this tradition of having a base to drop into where people know them was noted to inspectors by a young person currently residing there. They noted that they are aware that they will have this option. The staff also do outreach for a period of time when a young person leaves.

Children's case and care records

Inspectors found that the files were well organised and that any items requested were sourced for our review. The young people had copies of their care status on file and for one young person their legal and their care status had recently been resolved and

this had not been updated on their file. Birth certificates were on some files and the young people had passports and opportunities to use these through travel with the organisation to for example events and conferences.

Inspectors recommend that staff create a young persons profile that represents their most recent core information as this was not clearly available on the files reviewed. Staff should also better evidence their pursuit of care plans or aftercare plans for the young people's files. Inspectors noted appropriate use of professional language throughout the records.

3.5.2 Practices that met the required standard in some respect only

Statutory care planning and review

Inspectors found that of the four young people the most recent admission had a new care plan for this placement on file and completed within two months of their move to the centre. The young person and their family were clearly involved in the care planning process. The second most recent admission did not have a care plan on file for this placement within the designated time frames. They moved into the centre in January 2017 and the care plan on file was from the previous August 2016 and referred to a different placement. A statutory care plan review had been scheduled for eight months later, August 2017, but statutory care plan minutes or updated plan were not located on file.

Of the two young people over seventeen both had care plans on file that had been updated through statutory review after their seventeenth birthday. Both young people had been living at the centre for two years and records on file supported that in general the timeframes for their care planning and review had been adhered to. Neither of these young people had an aftercare plan and both had referrals made to aftercare at over seventeen. One social worker reported that an outline plan had been completed but agreed that the delivery of support and aftercare rested almost exclusively with the centre and its wider organisation and that without this there was no effective alternative. Both of the older young people will be availing of aftercare within this organisation which includes accommodation and support.

The placement plan format has been reviewed and updated following an internal process. Inspectors found that the revised placement plan was a good document that was evidenced through key working and through the work of the whole team as being implemented. The weekly team meeting meant that the staff in interview, in daily logs and in their questionnaires presented as well informed about the plans for the young people. The plans are updated six weekly and the goals of the previous month

were measured and reviewed for progress, these are divided into short and long term goals and are planned for accordingly. Two of the files did not have the most up to date copy of their placement plan on file at the time of the unannounced visit although they were evidenced as discussed at team meetings. Inspectors found that the goals were realistic and based on where the young person was at that time, there was a focus on family and making sense of the past, particularly for those young people who had experienced multiple placements prior to this centre.

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.

Inspectors found evidence of good communication between staff and the social workers. There was evidence of some social work departments organising additional psychology or therapy supports and being involved in school and health matters. Two of the social workers confirmed that they had read the daily logs at the centre and both were happy with these.

The social workers explained that all weekly reports, placement plans, individual crisis and absence plans are sent to them, one noted that key work reports can vary in quality and consistency and would like to see these improve.

Not all of the care planning was maintained up to date nor was there aftercare planning completed in accordance with the national aftercare policy by the Child and Family Agency personnel.

Aftercare

The manager noted that aftercare is most likely to be formally allocated to young people at age seventeen or at seventeen and a half due to resource issues in the availability of aftercare workers. There was no full aftercare plan in place for either of the two young people aged over seventeen at the time of the inspection.

3.5.3 Practices that did not meet the required standard

None identified

3.5.4 Regulation Based Requirements

The Child and Family Agency has not met the regulatory requirements in accordance with the *Child Care (Placement of Children in Residential Care)*

Regulations 1995

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

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

-Part V, Article 25and26, Care Plan Reviews

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 24, Visitation by Authorised Persons

-Part IV, Article 22, Case Files.

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

-Part III, Article 17, Records

-Part III, Article 9, Access Arrangements

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

Required Action

- The Child and Family Agency social work department for one of the young person must supply an updated care plan to the centre.
- The Child and Family Agency must create and complete aftercare planning within the recommended time frames and make available suitable numbers of personnel to complete this work.

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

Managing behaviour

The centre has an extended policy on managing behaviour that frames the work within the theory base of attachment and therapeutic child care. The team work on the basis that the behaviour in communicating an underlying emotion and the goal is to work with the underlying causes of difficult behaviours. The behaviour management approach is delivered through the development of crisis management plans, specialist consultation sessions and the building of trust and communication between the staff and the young people. The community meeting also has a role in the management of behaviour within the unit in particular to address any bullying behaviour noted as emerging.

If a placement is at risk the manager meets with the young person and then their social workers, family and other relevant professionals. The goal is to stabilise the placement and there was evidence on the files of strategy meetings, meetings with the young people involved and discussions at team meetings and consultation times as to how to break negative behaviour cycles and work with young people.

The team use rolling risk assessments as well as broader crisis management plans in their day to day work and inspectors found that the quality of these was suitable to the work with the young people. The contra indicators to restraint were named on the individual crisis management plans.

The team work with social workers and the criminal justice system to support young people involved in criminality and to divert them away from further difficulties in this area. Inspectors found that the team work in a concerted manner both planned and opportunity led to intervene in criminal behaviour spiralling out of control. All sanctions are recorded in individualised records and the young person's demeanour in response to this is noted, the majority of the sanctions used were sanctioning of the community budget. If a young person is unhappy with a sanction they can call a community meeting and evidence was recorded of this taking place. There were rules in place around behaviour in the house and in the local area and the manager regularly liaises with neighbours.

There was evidence that any incidents of bullying are taken seriously by being reported to the relevant parties, discussed at director level and actions and consequences put in place. The actions involved both staff and young people. One aspect of the day to day practices that inspectors found reason to be cautious of was the amount of time spent off the unit by some of the younger residents. The manager explained that contact is maintained with the young people and that the relationship building is key to developing trust and improving their overall safety

long term. Whilst there was evidence of contact maintained with young people, which they may or may not accept, inspectors recommend that this be carefully monitored when it comes to the younger residents in particular.

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

Not examined at this time

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

This is large period property in its own grounds in the north side of Dublin city. There is ample room within the property for all those living and working there together. Since the last inspection the windows have been replaced and painting has taken place inside the property. There has also been a new boiler installed and new furniture and window blinds provided. There is now a pool room, table tennis and a computer available to the young people. There is a policy on having no wireless internet available in the house. Young people are provided with phone credit and access to the internet for school work or study.

All of the staff questionnaires rated the house and its facilities as good or excellent and noted that the standard of the facilities had been improved over the past year. Staff noted the location of the house with its good transport links as being a positive for young people being able to independently visit family and friends. Inspectors found that the kitchen which has been unchanged for many years is a large space in

which staff and young people congregate but it is dated in appearance and it would be good to see a plan in the future for it to be decorated and upgraded.

Proof of adequate insurance for accidents or injuries is provided to the inspectorate at the time of registration renewal.

Maintenance and repairs

Maintenance records are maintained at the centre, these were typed and organised with dates of completion attached.

Safety

There is a health and safety statement in place for the centre and there is a designated and trained senior staff member in charge of all health and safety matters inclusive of fire safety. Inspectors reviewed some safety audits and found that these identified areas requiring attention which in general were attended to, a number of small items recurring on the audits were brought to the manager's attention by inspectors.

A suitable number of staff are trained in first aid and the centre has two defibrillators that the staff are also trained to use. Records are maintained of administration of medication, storage of medication and of maintenance of up to date first aid kits on site.

Fire Safety

The fire alarm system has been upgraded since the last inspection in 2014 and the sensors upgraded to smoke and heat detection. The records at the centre detailed fire drills being completed regularly including at night. Staff fire safety training was last conducted for the group at the end of 2016. New staff are inducted into the fire safety systems by the health and safety officer. Certificates of servicing for the fire fighting equipment and the detection systems were available on a dedicated fire record for review. Inspectors observed signage and fire fighting equipment operational at the centre.

Evidence of compliance with fire safety and building control regulations has been supplied to the inspectorate.

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

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.

4. Action Plan

Standard	Issues Requiring Action	Response	Corrective and Preventative Strategies To Ensure Issues Do Not Arise Again
3.5	<p>The Child and Family Agency social work department for one of the young person must supply an updated care plan to the centre.</p> <p>The Child and Family Agency must create and complete aftercare planning within the recommended time frames and make available suitable numbers of personnel to complete this work.</p>	<p>The Principal Social Worker for this area responded and confirmed that the suitable planning had been completed and was made available to all.</p> <p>It was reported to inspectors that one outstanding aftercare plan was completed and supplied to the centre and young person.</p>	<p>Training and implementation for Child and Family Agency staff and their partner providers in the new Aftercare Policy, Guidance and Legislation 2017.</p>