



An Ghníomhaireacht um  
Leanaí agus an Teaghlach  
Child and Family Agency

## Registration and Inspection Service

### Children's Residential Centre

**Centre ID number: 015**

**Year: 2016**

**Lead inspector: John Laste**

Registration and Inspection Services  
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## Registration and Inspection Report

<b>Inspection Year:</b>	<b>2016</b>
<b>Name of Organisation:</b>	<b>Positive Care Ireland</b>
<b>Registered Capacity:</b>	<b>4 young people</b>
<b>Dates of Inspection:</b>	<b>30<sup>th</sup> &amp; 31st August 2016</b>
<b>Registration Decision:</b>	<b>Registered from 9<sup>th</sup> September 2016 to 9<sup>th</sup> September 2019</b>
<b>Inspection Team:</b>	<b>John Laste Paschal McMahan</b>
<b>Date Report Issued:</b>	<b>7<sup>th</sup> February 2017</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 continued registration on 26<sup>th</sup> July 2016. This full inspection took place on 30<sup>th</sup> August 2016 over a two day period and this report is based on a range of inspection techniques including:

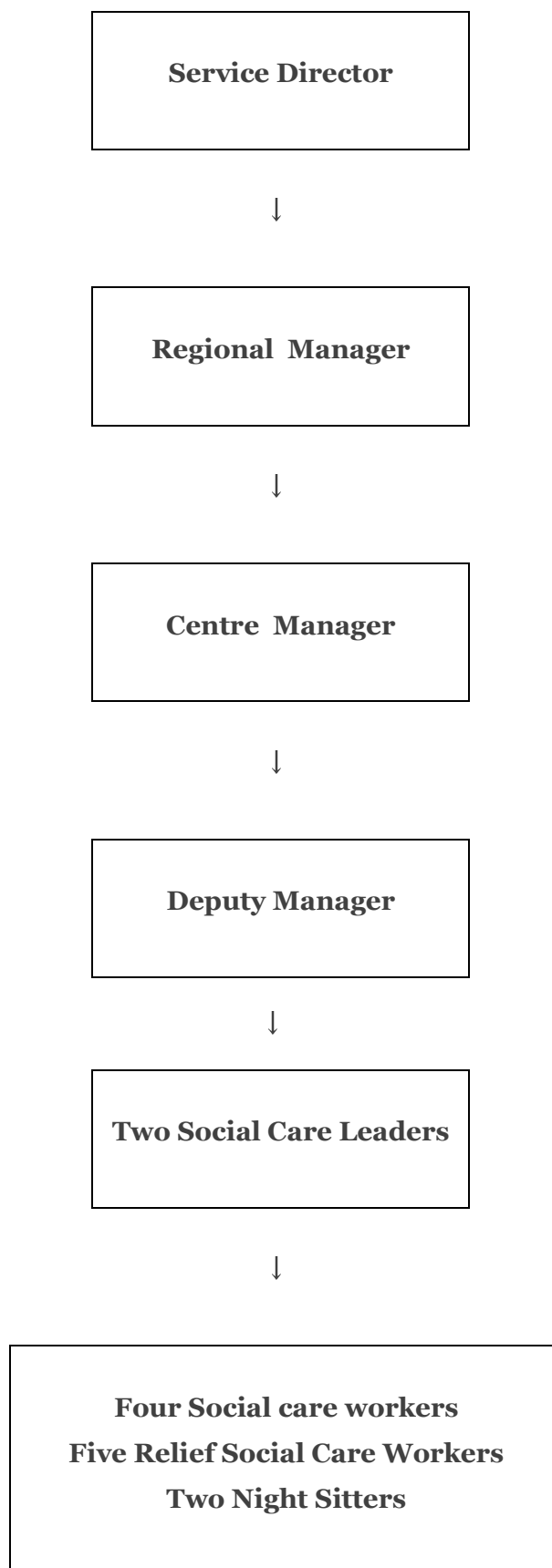
- ◆ An examination of the centres application for registration
- ◆ An examination of pre-inspection questionnaire and related documentation completed by the Manager
- ◆ An examination of the questionnaires completed by:
  - a) Five of the care staff
  - b) Two social care leaders
  - c) One deputy director
  - d) The centre manager
  - e) The regional manager
  - f) One clinical specialist
  - g) Two teachers/tutor
  - h) Four parents/guardians
  - i) Two directors of the company
  - j) Three young people residing in the centre
  - k) The social worker(s) with responsibility for young person/people residing in the centre.
  - l) Other professionals e.g. General Practitioner's and therapists.
- ◆ An examination of the most recent report from the Monitoring Officer
- ◆ An inspection of the premises and grounds using an audit checklist devised by the Health and Safety and Fire and Safety officers of HSE on our behalf.
- ◆ An examination of the centre's files and recording process.

- ◆ Interviews with relevant persons that were deemed by the inspection team as to having a bona fide interest in the operation of the centre including but not exclusively
  - a) The centre management
  - b) Four staff members
  - c) Two young people
  - d) The monitoring officer
  - e) Deputy Manager
  - f) Regional Manager
  
- ◆ Observations of care practice routines and the staff/young person's interactions.

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

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

## 1.2 Organisational Structure



## 2. Findings with regard to registration matters

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

The findings of this report and assessment of the submitted action plan on this date 1<sup>st</sup> February 2017 if implemented will deem the centre to be operating in adherence to regulatory frameworks and the National Standards for Children's Residential Centres. As such it is the decision of the Child and Family Agency to register this centre without attached conditions pursuant to Part VIII, Section's 61 (6) (A) (i) of the 1991 Child Care Act. **The period of registration being from the 9<sup>th</sup> September 2016 to 9<sup>th</sup> September 2019**



## 3. Analysis of Findings

### 3.1 Purpose and Function

#### **Standard**

The centre has a written statement of purpose and function that accurately describes what the centre sets out to do for 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 inspectors found that the centre has a clear statement of purpose and function which accurately describes what the service sets out to do for young people, and describes the manner in which care is provided. Information about the centre is provided in the form of an accessible booklet to young people, parents and supervising social workers.

The Regional Manager is responsible for keeping the statement up to date on an annual basis the statement had been reviewed in October 2015 and was due to be reviewed again in October 2016.

There were four residents at the time of the inspection. The inspectors found that admissions to the centre were in line with the statement of purpose and function. This centre is registered to provide short to medium term care, and can accommodate up to four young people of mixed gender aged 13 to 17 years old on admission.

There is a comprehensive policy and procedures document to inform practice at the centre. The inspectors found that the staff team were familiar with the statement of purpose and function, and the key policies and procedures in operation at the centre.

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

None identified

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

None identified

#### **Required Action**

No action required

## 3.2 Management and Staffing

### **Standard**

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

### **Management**

#### **3.2.1 Practices that met the required standard in full**

There are clearly defined lines of authority within the operational procedures of this centre. The day to day management of the service is the responsibility of the centre manager. The centre manager reports to the regional manager who in turn reports to the service director nationally.

The inspectors found that the centre manager, who is the person in charge, was a suitably qualified person, and has extensive work experience in residential care. The manager has been in the current position for just over 18 months though has been with the company for over six years in various centres and roles.

The company has a regional manager who provides scrutiny and oversight of the operational functions and care practices in the centre. The regional manager also provides supervision to the centre manager. The inspectors found good evidence that the centre manager and regional manager were satisfying themselves that appropriate and suitable care practices were in place in the centre. There was good evidence that the centre records were regularly reviewed and signed by the managers. The regional manager was visiting the centre on a regular basis with monthly audits being conducted by the regional manager.

The inspectors interviewed the regional manager who was clear about the role, which is to assess the quality and effectiveness of the service and to supervise the centre manager. The regional manager carries out regular audits of the centre's operational practices as well as receiving regular update and significant event reports on young people from the centre manager. The inspectors were given copies of recent audit reports which covered all operational aspects of the centre including care practices and offered feedback to the manager and team where deficits were found.

## **Register**

A register of all young people who live in the centre is maintained by the manager. The inspectors found that the register complies with the Child Care (Placement of Children in Residential Care) Regulations, 1995, Part IV, Article 21; the admission details of the residents were properly recorded, as were the discharge details of the previous residents.

## **Notification of Significant Events**

The inspectors interviewed supervising social workers, the monitoring officer and examined the centre records and found significant event reports were promptly notified to both the monitoring officer and social work department in a timely fashion. This practice complies with the Child Care (Placement of Children in Residential Care) Regulations, 1995, Part III, Article 19, and the Child Care (Standards in Children's Residential Centres) Regulations, 1996, Part III, Article 16.

## **Supervision and support**

The inspectors examined the staff supervision records. Supervisions sessions were recorded and signed by the supervisor and on average sessions are organised every 4/6 weeks. The centre manager and the deputy manager supervise the team while the centre manager is supervised by the regional manager. There was good evidence of a link to the implementation of the placement plans in the supervision records reviewed by the inspectors. The inspectors found that the supervision records were of a good quality and staff appeared to be provided with good support in their work with the young people.

Staff interviewed by the inspectors said that the manager was supportive and provided clear leadership to the team. They also confirmed that support mechanisms were in place to assist the team. There was good evidence of teamwork, that team meetings take place fortnightly and the minutes of meetings were recorded. The team meeting records reflected that young people's needs were prioritised. The team contribute to the agenda of the meetings.

Staff handover meetings take place between work shifts. The inspectors were informed that the handover meetings take place in the early mornings when the staff overnight shift (night sitter) ends and the next staff members are coming on duty. The inspectors reviewed the handover sheet and attended a meeting which reflected that a comprehensive sharing of information. Staff reported that there was a clear process of communication between shifts.

## **Training and development**

The inspectors found evidence of attendance at certified training in fire prevention, occupational first aid, health and safety, therapeutic crisis intervention, and child protection in the last year. New team members were asked to attend induction training. The inspectors found that the company provided for identified training on request from the manager and staff team such as, self harm, suicide awareness training and other relevant training.

## **Administrative file**

The administrative files were examined by the inspectors and the key records were in evidence. The recording system was well organised and accessible so that they facilitate effective management and accountability. There was good evidence that the manager and regional manager were monitoring the quality of records. Relevant records relating to the young people were kept in perpetuity and the management understand the requirements of the Freedom of Information Acts 1997, and Data Protection Act 2003.

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

#### **Staffing & Vetting**

The inspectors reviewed the adequacy of staffing, and found that the deployment of care staff in daytime hours was sufficient to address the needs of the residents. The use of a night sitter or live night worker with one sleep over care staff was not sufficient particularly if young people required assistance or were in crisis during night time hours. The night sitter did not have the same role as that of the social care worker and the qualifications held was FETAC level 5. The centre practice was that if a young person required assistance during the night the night sitter would call the social care worker. The inspectors found this night staffing arrangement to be inadequate particularly if a young person was in crisis. The centre management must ensure that there are at least two qualified social care workers on duty at all times

The night sitter carries out regular checks on the young people throughout the night. The centre should regularly review and risk rate the requirement for night checks on the young people where the frequency of checks may disturb the young person's sleep.

Staff duty rotas were examined and there was good evidence that adequate numbers of staff were on duty at the key times. The inspectors found that staff were suitably

qualified and experienced. The centre had access to relief staff. The inspectors carried out an audit of staff personnel records, the required references, and Garda vetting were taken up for all staff (including the relief panel) prior to taking up their posts.

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

### **Required Action**

- The centre management must ensure that there are at least two qualified social care workers on duty at all times
- The centre should regularly review and risk rate the requirement for night checks on the young people where the frequency of checks may disturb the young person's sleep.

## **3.3 Monitoring**

### ***Standard***

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

### **3.3.1 Practices that met the required standard in full**

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

A monitoring report was submitted at the time of the inspection. The findings were that the centre was operating in compliance with the regulations and standards. The significant event reporting was in accordance with the regulations and reports were promptly notified to the monitoring office.

### **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 have met the regulatory requirements in accordance with the *Child Care (Placement of Children in Residential Child Care) Regulations 1995, Part III, Article 17, Monitoring of Standards.*

### **Required Action**

None required

## **3.4 Children's Rights**

### **Standard**

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

### **3.4.1 Practices that met the required standard in full**

#### **Consultation**

This Standard is met in full. The young people who met the inspectors were clear about why they are in care and about future plans, stating that their views were sought when decisions were being made that affect his daily life and future. They confirmed that they met with social workers on a regular basis and stated that they were aware of Empowering Children in Care (EPIC) and that they could represent them at meetings. EPIC representative confirmed this and had visited the centre and met with the young people. The young people attend house meeting where they can have an input into household matters. These meetings have written minutes which record matters arising. The inspectors found that the outcomes of any actions taken as a result of the meetings were not clearly recorded. This issue was addressed by the centre manager and not further action was required.

## **Complaints**

The inspectors found there was a clearly written complaints procedure with user friendly information about the operation of the procedure. Young people said they were knowledgeable about their rights and responsibilities, and how to complain. They were clear about what to do if they were unhappy about any aspect of their care. The inspectors reviewed the complaints register and were satisfied that complaints were properly investigated in line with procedures. This was confirmed by the monitoring officer and supervising social workers.

## **Access to information**

The Inspectors were satisfied that there was a clear procedure that sets out how young people can access information about themselves and the services available to them. The young people interviewed were aware of how they could access their information.

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

None identified

### **3.4. 2 Practices that did not meet the required standard**

None identified

### **3.4.4 Regulation Based Requirements**

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

### **Required Action**

None required

## **3.5 Planning for Children and Young People**

### ***Standard***

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

### **3.5.1 Practices that met the required standard in full**

### **Suitable placements and admissions**

The inspectors found that the admissions to the centre were planned, in line with the assessed needs of the young people and in accordance with the statement purpose and function. There were four young people in residence at the time of the inspection. Applications for admission to the centre were coordinated nationally by the Child and Family Agency private placements team. The inspectors were satisfied that appropriate information was provided about young people prior to admission. This was confirmed through audit of three young people's care files. Pre-admission risk assessments were carried out prior for each new admission.

The inspectors met with two of the young people who confirmed that they were clear about the reason for their admission to care. They also confirmed that they had received written information about the centre as part of the admission process. The young people returned completed questionnaires which were very positive about the centre and staff. The young people mostly expressed contentment with the care they were receiving.

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

The inspectors reviewed compliance with the regulations on care planning. Care plans were completed within the required time frame for all four residents in compliance with the *Child Care (Placement of Children in Residential Care) Regulations, 1995, Part IV, Article 23*. The care plans reviewed were comprehensive and placement plans linked to the care plans were drawn up by the centre. Inspectors were satisfied that the young person due to leave the centre had aftercare provision in place though accommodation was proving difficult to source. The centre had agreed to continue to support the young person while this problem was on going.

The inspectors reviewed compliance with the regulations on care reviews. Care review meetings were being organised in line with the legally defined time limits as set out in the *Child Care (Placement of Children in Residential Care) Regulations, 1995, Part IV*.

### **Contact with families**

The young people confirmed that they had contact with family and friends where this is in their best interest and welfare. This was confirmed by both the manager and the supervising social workers. Access with family and friends was facilitated by the centre. All contact with family was recorded on the young people's files



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

None identified

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

None identified

#### ***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.

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

The inspectors found that the supervising social workers were visiting the young people in compliance with the regulations. *Child Care (Placement of Children in Residential Care) Regulations, 1995, Part IV, Article 24*. Social work visits were recorded on the young people's care files along with the details of any action taken as a result of a social work visit.

#### **Social Work Role**

There was evidence on young people's file that social workers were carrying out their role and responsibilities in line with the regulations and standards. The inspectors arranged telephone interviews with three supervising social workers. They were very positive about the centre and the placement outcomes. The supervising social workers were asked to complete inspection questionnaires which were promptly returned to the inspectors. The inspectors confirmed that the social workers were reading and signing records relating to the young people on visits to the centre.

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

Standards for Children's Residential Centres criteria 5.29 states 'All children in care should have early access to the specialist services they may require'. The inspectors confirmed that the young people had access to the specialist services they require at the time of the inspection. The centre has access to the company psychologist who meets regularly with the staff team to discuss issues arising with the care of the young people. The psychologist provides insight and clinical guidance to the staff team in meeting the needs of the young people. The external psychologist is available for consultation by phone or e-mail with the centre manager and made occasional visits to the centre. The centre also effectively utilizes the skills of a staff member trained in

behavioural analysis. Inspectors interviewed this member of staff and found evidence of the work carried out with the team which was in the form of practical behaviour support plans.

The young people were each assigned to a key worker. The inspectors interviewed the key workers, and found that they were knowledgeable and showed good insight into the emotional and psychological needs of the young people in residence at the time of the inspection. The young people had access to specialist services on an individual basis which could be accessed through the local and regional health services

### **Preparation for leaving care**

It was clear from documentation and interviews with social workers and staff members that key workers were engaged in direct work in order to prepare the young people for leaving care. Key work sessions included: personal development; health promotion; drug awareness; sexual health and wellbeing; self care skills; budgeting and homemaking skills. One young person was linked in with aftercare services and aftercare plans were developed in line with each young person's care plan and aftercare plan.

### **Discharges**

There had been one discharge in the previous twelve months. This was a planned discharge with the young person returning home as part of an overall aftercare plan. There were records of discharges on file including extensive end of placement reports which reflected on the young person's placement and provide scope for future learning for the centre.

### **Aftercare**

The provision of aftercare services were in place for one young person at the centre who had been allocated an aftercare worker and had an extensive aftercare plan. The inspector spoke to the young person's social worker and aftercare worker who stated that they were very happy with centre's preparation of the young person for leaving care. The aftercare plan was being followed and further education was in place for the young person. The other young person over sixteen years was also linked in with aftercare services and an aftercare plan was being developed at the time of the inspection. The centre was supporting the young people in developing independent living skills.

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

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

### **3.5.4 Regulation Based Requirements**

The Child and Family Agency has met the regulatory requirements in accordance with the *Child Care (Placement of Children in Residential Care)*

#### ***Regulations 1995***

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

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

***-Part V, Article 25and26, Care Plan Reviews***

***-Part IV, Article 24, Visitation by Authorised Persons***

***-Part IV, Article 22, Case Files.***

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

***-Part III, Article 17, Records***

***-Part III, Article 9, Access Arrangements***

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

### **Required Action**

None required

### **3.6 Care of Young People**

#### ***Standard***

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

### **3.6.1 Practices that met the required standard in full**

#### **Individual care in group living**

The inspectors found the atmosphere in the centre to be friendly and hospitable. They observed that the staff treated young people with respect and as individuals. Young people in turn were observed to be respectful towards staff in their interactions with them. The inspectors found that the young people have the opportunity to develop their interests and hobbies.

The inspectors interviewed two of the young people in the centre and they were very positive about the centre and the service provided to them. The young people were aware of the keyworker's role and found it helpful to have someone to discuss issues with. The Inspectors observed that the young people were cared for in a manner that takes account of their wishes, preferences and individuality. The young people were aware of procedures with regard to making a complaint.

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

The Inspectors observed that there were adequate quantities and varieties of food available at meal times, and the young people's preferences were taken into consideration. Young people have easy access to food and are encouraged to prepare meals. Both staff and the young people have their meals together in a very homely and relaxing fashion.

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

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

#### **Managing behaviour**

There was a clear written policy on managing behaviour. The inspectors were satisfied that each young person had an appropriate Individual Crisis Management Plan (ICMP) which clearly identifies unsafe behaviour and sets out the response required by staff. The plans set out the approach or intervention that works in supporting the young people. The inspectors observed the relationships between the young people and the staff team which were very positive. The team also follow behavioural support plans developed by the centre's consultant psychologist and behavioural analyst. These plans set out user friendly methods for the team in managing identified pattern of behaviour.

There was a clear sanctions policy in place. Sanctions were only administered when behaviour was not of an acceptable level, and the Inspectors found that no inappropriate sanctions were administered during the period under review. Where a sanction was applied it was a natural consequence for the young person.

### **Restraint**

The team were trained in the use of a specific approved intervention strategy and in physical intervention techniques. This training includes the use of physical restraint and therapeutic intervention approaches. All staff members were regularly updated in these techniques. There were two recorded incidents of physical intervention in the period under review. These incidents of physical intervention were recorded in compliance with the regulations and all relevant people were notified. The inspectors found that the intervention was in accordance with the young person's individual crisis management plan and in line with centre policy.

### **Absence without authority**

The inspectors found that the centre was following the Joint Protocol between Child and Family Agency and An Garda Síochána and each young person had an Individual Absent Management Plan under the protocol. Of the current residents there had been 17 recorded incidents of absences from the centre. All these incidents were for one young person who was due to leave the centre. The manager and staff established that the young person was staying with friends and was safe nevertheless the protocol was followed and communication with An Garda Síochána and the young person's social worker regarding the young person's location was maintained.

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

None identified

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

None identified

### **3.6.4 Regulation Based Requirements**

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

*-Part III, Article 11, Religion*

*-Part III, Article 12, Provision of Food*

*-Part III, Article 16, Notifications of Physical Restraint as Significant Event.*

## **Required Action**

No Action required

### **3.7 Safeguarding and Child Protection**

#### **Standard**

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

#### **3.7.1 Practices that met the required standard in full**

##### **Safeguarding**

Inspectors found that the staff team had a good understanding of safeguarding practices. The young people's safety and wellbeing was always to the fore. The young people interviewed by the inspectors were clear about what to do if they were unhappy about any aspect of their care. They also stated that they were consulted on issues in regards to their care. The centre had a comprehensive policy regarding professional practice for staff members. Inspectors audited staff files and found that all staff members were vetted before they commence work in the organisation.

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

None identified

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

None identified

#### **Standard**

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

#### **Child Protection**

#### **3.7.4 Practices that met the required standard**

The inspectors found that the centre had a child protection policy in line with *Children First: National Guidance for the Protection and Welfare of Children 2011*. Team members interviewed by the inspectors were familiar with their role and responsibilities under *Children First: National Guidance for the Protection and Welfare of Children 2011*. The centre manager is the designated person for the purpose of reporting child protection concerns. A review of the staff training files showed that all staff had been trained in child protection procedures. There were no

Standard report forms or child protection matters on file at the time of this inspection.

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

None identified

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

None identified

### **Required Action**

No action required

## **3.8 Education**

### ***Standard***

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

### **3.8.1 Practices that met the required standard in full**

This Standard was met in full. The inspectors found that all four young people were in formal education programmes. Two of the young people were in mainstream secondary education and one was on a youth training programme. The fourth young person had completed a secondary school programme and was enrolled in a 3<sup>rd</sup> level course as part of an aftercare plan.

It is to the credit of all at the centre that all four young people have been facilitated in education programmes suitable to their needs.

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

None identified

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

None identified

### **Required Action**

No action required

### 3.9 Health

#### **Standard**

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

#### **3.9.1 Practices that met the required standard in full**

This Standard is met in full. All four young people were registered with a G.P. practice. Medical examinations are taken up following admission to the centre and the health needs of the young people were being addressed as needed. Immunisation records were on file. Inspectors were informed that one of the young people was having an ongoing health issue which was being addressed on an outpatient basis with the regional hospital.

The administration of medication was recorded appropriately, sign by staff and there was evidence that the manager oversees this process. Medicinal products are stored securely and the inspectors found that the administration of the prescribed medicines was properly recorded. Unused medicines were disposed of in a safe manner using the local pharmacy.

The centre had a smoking cessation programme in place and actively encouraged young people not to smoke. The centre also provided information and age appropriate education in the area of sexual health matters.

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

None identified

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

None identified

#### **3.9.4 Regulation Based Requirements**

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

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



## Required Action

No action required

### 3.10 Premises and Safety

#### **Standard**

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

#### **3.10.1 Practices that met the required standard in full**

##### **Accommodation**

The inspectors found the premises was a homely and a welcoming environment and was in a good state of repair and décor. The premises were adequately lit, heated and ventilated and there were suitable facilities for cooking and laundry. The centre accommodation was fit for purpose and can comfortably accommodate four young people.

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

The company employs maintenance people who carried out routine maintenance and repair work at the centre. A review of the maintenance log shows that repairs are addressed in a timely fashion.

##### **Fire Safety**

Management provided evidence that building control and fire requirements were met. Fire prevention and evacuation procedures were being carried out. A fire safety register was maintained. The fire safety certifications, installation and maintenance records are kept together with the fire register for the centre. There was evidence that the fire alarm system, emergency lighting and general fire safety equipment were regularly serviced and inspected. The annual service inspection of the fire alarm system to certify that it meets the requirements of **IS 3218** and the annual testing of the emergency lighting to certify that it meets the requirements of **IS3217** were found in evidence and was carried out by a competent and suitably qualified person.

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

##### **Safety**

A staff member was assigned as the health and safety officer reporting to the centre manager. Health and safety audits are routinely carried out by the designated health

and safety officer overseen by the manager and regional manger. The reports were comprehensive and are centre specific. The inspectors carried out an audit of health and safety compliance. The inspectors found that an outside heating oil tank which was situated some distance from the house, was not secured on the stand it was sitting on. This tank also requires a locked cage around it so it cannot be tampered with a matter that must be addressed.

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

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

None identified

### **3.10.4 Regulation Based Requirements**

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

*-Part III, Article 8, Accommodation*

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

*-Part III, Article 15, Insurance*

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

*-Part III, Article 13, Fire Precautions.*

### **Required Action**

- Management must insure that the home heating oil tank is safely secured and is in a locked cage so that it cannot be tampered with.

## 4. Action Plan

Standard	Issues Requiring Action	Response	Inspectors Commentary
3.2.2	<p>The centre management must ensure that there are at least two social care workers on duty through night time hours.</p> <p>The centre should regularly review and risk rate the requirement for night checks on the young people where the frequency of checks may disturb the young person's sleep.</p>	<p>Completed and implemented since 1<sup>st</sup> September 2016. Carrig Lodge have assessed, based on the current needs of young people that live nights are not a requirement at this time thus there are two social care workers through night time hours.</p> <p>This continues to be risk assessed on an ongoing basis.</p>	<p>The inspectors are satisfied with this response</p> <p>The inspectors are satisfied with this response</p>
3.10.2	<p>Management must insure that the home heating oil tank is safely secured and is in a locked cage so that it cannot be tampered with.</p>	<p>The oil tank is being moved into the back shed and will be kept locked at all times.</p>	<p>The inspectors are satisfied with this response</p>

