



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 076

Year: 2019

Alternative Care Inspection and Monitoring Service
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Registration and Inspection Report

Inspection Year:	2019
Name of Organisation:	St. Bernard's Children's Services
Registered Capacity:	Five young people
Dates of Inspection:	15th & 16th October 2019
Registration Status:	19th May 2018 to the 19th May 2021
Inspection Team:	Joanne Cogley & Anne McEvoy
Date Report Issued:	15th January 2020

Contents

1. Foreword	4
1.1 Centre Description	
1.2 Methodology	
1.3 Organisational Structure	
2. Findings with regard to Registration Matters	9
3. Analysis of Findings	10
3.2 Management and Staffing	
3.5 Planning for Children and Young People	
3.6 Care of young people	
3.7 Safeguarding and Child Protection	
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 Centre Description

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 operation of the centre in line with its registration. The centre was granted their first registration in 2008. At the time of this inspection the centre were in their fourth registration and were in year one of the cycle. The centre was registered without attached conditions from 19th of May 2018 to 19th of May 2021.

The centre's purpose and function was to accommodate five children of both genders from age seven to eleven years on admission. The centre was described as a therapeutic community, tasked to care for children who have significant attachment problems and whose complex emotional needs cannot be met by their families or carers. The centre operated within a framework of clear ideals, beliefs and working practices, which draw primarily from psychodynamic and attachment theory while also utilising the core values of therapeutic communities as outlined by the Community of Communities. The primary task of the unit was to provide a consistent high-quality multidisciplinary therapeutic programme that included group living treatment, individual psychotherapy, national curriculum education and family support. The aim of this therapeutic provision was to enable the children to re-integrate back into mainstream family setting, school and community life.

The inspectors examined aspects of standard 2 'management and staffing' (register, significant event notifications, administrative files), standard 5 'planning for children and young people, aspects of standard 6 'care of young people (managing challenging behavior), standard 7 'safeguarding and child protection' and standard 10 'premises and safety' of the National Standards For Children's Residential Centres (2001). This inspection was announced and took place on the 15th and 16th October 2019.

1.2 Methodology

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

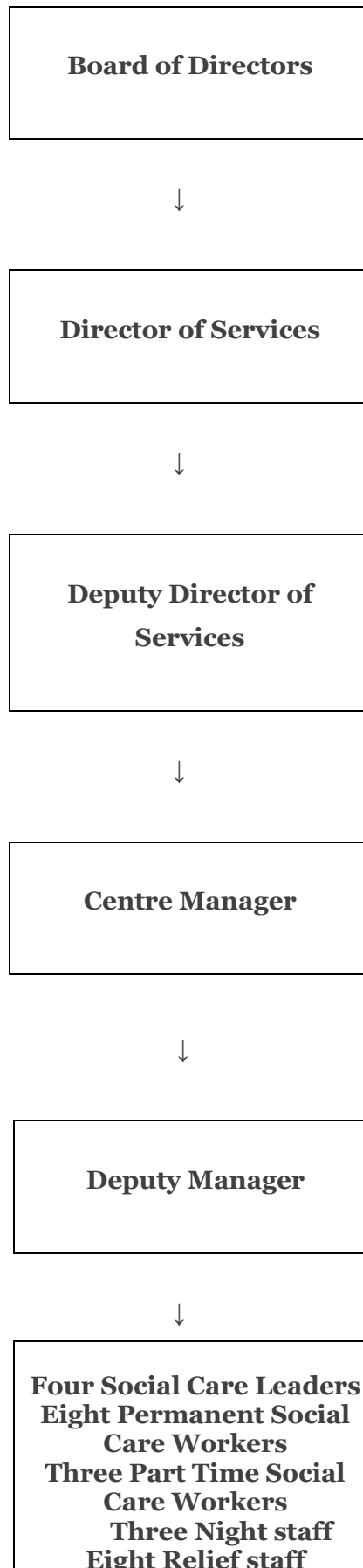
- ◆ An examination of pre-inspection questionnaire and related documentation completed by the manager.
- ◆ An examination of the questionnaires completed by:
 - a) The deputy manager
 - b) Twelve of the care staff
 - c) Four young people residing in the centre
 - d) Two of the allocated social workers with responsibility for young people
- ◆ 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.
 - Young people's care files
 - Fire safety register
 - Health and Safety records
 - Maintenance log
 - Child Protection records
 - Centre register
- ◆ Interviews with relevant persons that were deemed by the inspection team to have a bona fide interest in the operation of the centre including but not exclusively
 - a) The director of services
 - b) The centre manager
 - c) The deputy manager
 - d) Two social care staff
 - e) Three of the four young people in placement
 - f) Two of the allocated social workers for the young people due to others being on annual leave.
- ◆ Observations of care practice routines and the staff/young person's interactions.

- ◆ Attendance at handover meeting

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

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

1.3 Organisational Structure



2. Findings with regard to registration matters

A draft inspection report was issued to the centre manager, director of services and the relevant social work departments on the 15th November 2019. The centre provider was required to provide both the corrective and preventive actions (CAPA) to the inspection service to ensure that any identified shortfalls were comprehensively addressed. The suitability and approval of the CAPA based action plan was used to inform the registration decision. The director of services returned the report with a satisfactory completed action plan (CAPA) on the 20th December 2019.

The findings of this report and assessment by the inspection service of the submitted action plan deem the centre to be continuing to operate in adherence to the regulatory frameworks and Standards in line with its registration. As such it is the decision of the Child and Family Agency to register this centre, ID Number: 0376 without attached conditions from the 19th May 2019 to 19th May 2021 pursuant to Part VIII, 1991 Child Care Act.

The period of registration being from the 19th May 2019 to 19th May 2021.

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

Register

A register of all young people who lived in the centre was maintained by the centre manager. Inspectors found that the register complied with the Child Care (Placement of Children in Residential Care) Regulations, 1995. There was a system in place where duplicated records of admissions and discharges were kept centrally by TUSLA, the Child and Family Agency.

3.2.2 Practices that met the required standard in some respect only

Notification of Significant Events

The centre had a system for the notification of significant events. Inspectors interviewed supervising social workers and examined the centre records and found significant event reports that had been recorded were promptly notified to the social work departments. However, inspectors noted in some instances where two young people were involved in significant events, there was one reported for the young person who instigated the event but no notification was generated for the second young person involved. The result of this was that their social worker had not been alerted to the ongoing issues of dynamics between two of the young people in placement. One social worker noted that they had been informed of significant events occurring directly by the young person and had to follow up with the centre manager after this to ensure they were alerted to all significant events. This social worker noted since this issue had been addressed, they had no further issues in relation to significant event notifications. The centre manager must ensure all significant event notifications are appropriately recorded and reported to the social work departments.

Administrative files

The administrative files were examined by the inspectors and the key records were evident. The recording system was well organised and accessible so that they facilitated planning, effective management and accountability. Whilst the centre manager was able to demonstrate full awareness of young people's care planning through interview, there was limited written evidence to show that the manager was monitoring the records. A number of documents required for inspection purposes were not easily accessible to the centre manager and were kept in another building on campus. As the person in charge, the centre manager must have direct access to and be aware of all paperwork relating to the centre. The centre had clear financial management systems and records with the task for oversight assigned to a staff member and a weekly review of same occurring.

3.2.3 Practices that did not meet the required standard

None identified. Not all aspects of this standard were reviewed as part of this inspection

3.2.4 Regulation Based Requirements

The Child and Family Agency 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 16, Notification of Significant Events.***

Required Action

- The centre manager must ensure all significant event notifications are appropriately recorded and reported to the social work departments.
- The centre manager must have direct access to and be aware of all paperwork relating to the centre.

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

Contact with families

Family contact was viewed as a very important part of the young people's placements in the centre. Parents were invited to visit the centre prior to any young person's admission and were an active part in their transition plan where possible. They also engaged in access visits within the unit and were invited to attend statutory review meetings. In some instances it was not deemed appropriate for the centre to maintain contact with parents in relation to significant event notifications and in this instance the social worker for the young person ensured family members were kept up to date.

In one instance a young person was placed in the centre separate to their sibling. The placing of siblings together was explored at admission stage however it was not possible. Inspectors noted that greater efforts should be made to facilitate regular access between siblings. Social workers must ensure access plans are reviewed on a regular basis in the best interest of the young people.

Discharges

The centre had three discharges in the past five months. All discharges were carried out in a planned manner and there were identified onward placements for all young people. The centre ensured a closing piece was completed with all young people in placement and this was viewed as a very important part of the discharge process. The centre offered their services to the young person and onward placement for a period of two months following discharge.

Preparation for leaving care

At the time of inspection one young person was being prepared to move on to a new placement next summer. There was evidence of the young person being involved in the process and access arrangements had been increased in preparation for this.

Aftercare

Aftercare did not form part of this inspection due to the age cohort of the young people in placement.

3.5.2 Practices that met the required standard in some respect only

Suitable placements and admissions

The centre had a policy on admissions. Applications were made by social workers within the allocated catchment area to the director of services. The application was then presented to an admissions committee in which the social worker also attended to present the application. The policy stated the needs of the child presented would be taken into account while also taking into account the needs of the children already in placement.

Inspectors reviewed the pre-admission risk assessments that were on each young person's file however did not find these to be robust documents. This format identified what the risk was and the level of risk associated with the young person i.e. high, medium, and low. There was no detail on how the centre proposed to manage presenting behaviours nor was there any consideration given to the impact admissions may have on the other young people in placement. One social worker interviewed stated they were verbally informed of new admissions to the centre however were not consulted on same and impact risk assessments were not shared. They had noted concerns about a recent admission with the centre manager.

During the course of inspection feedback, inspectors were provided with a new pre-admission risk assessment template and were informed this had been used in the last two admissions. Evidence of this being utilised was not available on file nor was it shown to inspectors. Inspectors reviewed this template and found it to be comprehensive. It included the description of risk, the protective factors, the potential impact on the current group and the actions required to manage risk. The centre manager must ensure this document is utilised in all admissions moving forward.

The admissions policy did not stipulate that a pre-admission risk assessment would be completed in writing and it did not take into account consultation with other placing social workers. The director of services must review the current admissions policy.

At the time of inspection the centre had four young people in placement, three of whom had been admitted within the three months prior to inspection. The second of the three admissions presented with significant challenging behaviours which appeared to be impacting on the other young people in placement, particularly on the first admission. It was noted by staff members that this young person had been making progress in placement however they felt that the progress had been impacted by the admission of the second young person. The allocated social worker for this young person was of the same opinion. Despite the dynamics between the two young people and the physical violence occurring, the centre took in another young person in quick succession. The centre manager noted one of the reasons for these admissions occurring within quick succession was due to the young people having to start the new school year. Another reason was the delay in identifying onward placements for two former young people. Both of these young people, when speaking with inspectors noted they had been impacted by this young person and were struggling with them in placement. Inspectors noted that a more robust pre-admission planning process may have enabled more effective management of these placements and dynamics thus lessening the impact on young people.

Where possible there were clear transition plans in place for young people being admitted to the centre and these were young person led. Parents were invited to be part of the process also and in some instances had engaged fully in this. The centre had developed a young person's information booklet in conjunction with a previous resident and this was provided to all young people upon admission. This gave an overview of what to expect in placement, rules and rights in a child friendly manner and was a very good resource for the centre.

Inspectors noted there was limited key working on file discussing reasons for being in care and understanding the process around this, given that the three young people had only recently moved in, together with their young age, it was expected this would increase over time and it was explained this would be child led.

From interview with social workers and through review of questionnaires, all noted they were satisfied with the respective placements and felt it was meeting their allocated young person's needs despite dynamic issues.

Statutory care planning and review

Due to the age range of admission of young people to this centre being 7-11years, statutory reviews were held in the centre on a monthly basis. These were attended by the deputy manager, social worker, GAL, parents if appropriate and the young person. The centre manager attended each review on a quarterly basis. The young

person attended the beginning of the meeting in which their views were heard, they then returned for the end of the meeting for an update on decisions and outcomes. Where a young person chose not to engage, key workers would explain the outcome to them after the fact. From a review of care files it was noted that there were no care plans on file for one resident, a second resident's care plan was received over two months after the review was held, a third young person's care plan was dated June and related to their previous placement. They had only just moved into the centre the month previous, a review had occurred and the centre was awaiting the plan. Only one young person's care plan was up to date. Inspectors did note that reviews were occurring on a monthly basis but the corresponding plans and minutes from social work departments were not evident. Social workers must ensure they furnish the centre with up to date care plans. As a result of this there were no placement plans on file for two of the young people as it was part of the centres processes that placement plans were drawn up only when care plans were received. From a review of the other two young people's placement plans they were adequate and addressed the needs of the young people in comprehensive detail. The centre manager must ensure there is a placement plan on file for all young people.

Supervision and visiting of young people

Upon admission to the centre, allocated social workers are required to sign a contract with the centre which stipulates that they must visit on a fortnightly basis. From a review of files this was evident and this was also confirmed when speaking with the young people on site. The staff maintained a record of all social work visits and the outcome of such visits on the young person's care files and in the visitors book.

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.

Allocated social workers scheduled statutory reviews on a monthly basis however as noted above, there was a delay in the provision of up to date care plans to the centre. Social workers expressed confidence in the centre manager and deputy manager and also were satisfied with the staff team in place and their level of expertise. All social workers visited the centre on a fortnightly basis and stated there were facilities to meet with their allocated young person in private should they wish to do so. Social

workers confirmed in interviews they reviewed the young person's logs when they visited and this was evident through file records.

Emotional and specialist support

It was evident that staff members were aware of the emotional needs of the young people and this was being actively discussed through handover planning on a daily basis. The centre had services available to them such as CAMHS and counselling services. From a review of files there was a limited number of individual work reports available for review. The centre manager must ensure that staff members are completing and filing key working sessions as they occur with young people.

Children's case and care records

The young people had individual care files that were securely stored in the centre. Records were written in an appropriate professional manner. The centre manager and staff demonstrated an understanding and awareness for maintaining appropriate levels of privacy and confidentiality about the young person's circumstances.

The care files contained copies of the young person's birth certificate, care order and social history in all three files however one young person's care order could not be obtained by the centre. The social worker for this young person must ensure the centre is furnished with a copy of the care order. The care files were well maintained and information was easy to access on the files. The records were written in a professional manner and information about the young people was expressed in a clear manner.

3.5.3 Practices that did not meet the required standard

None identified.

3.5.4 Regulation Based Requirements

The Child and Family Agency met the regulatory requirements in accordance with the ***Child Care (Placement of Children in Residential Care) Regulations 1995 -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 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

The centre 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 centre manager must ensure the new pre-admission risk assessment template is utilised in all admissions moving forward.
- The director of services must review and amend as necessary the current admissions policy.
- Social workers must ensure they furnish the centre with up to date care plans in a prompt manner following all statutory reviews.
- The centre manager must ensure there is a placement plan on file for all young people.
- Social workers must ensure access plans are reviewed on a regular basis in the best interest of the young people.
- The centre manager must ensure that staff members are completing and filing key working sessions as they occur with young people.
- The social worker for this young person must ensure the centre is furnished with a copy of the care order.

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

None identified. Not all aspects of this standard were reviewed as part of this inspection

3.6.2 Practices that met the required standard in some respect only

Managing behaviour

The centre had a written policy on managing behaviour. The policy took into account staff member roles along with the need to identify underlying behaviours for young people. It was evident from reviewing community meetings and key working that there was regular communication with young people in relation to acceptable and unacceptable behaviours. The centre also had a written policy on sanctions which highlighted four principles which the young people must adhere to. These include no violence, no bullying, no inappropriate sexual behaviour and attendance at community meetings. The centre focused on utilising community meetings to address any issues in relation to any inappropriate behaviour. Sanctions were in the form of natural consequences whereby young people may not have been permitted an activity with other young people if there had been dynamic issues. Young people were also encouraged to make reparation for any damage inflicted.

There were some concerns noted through review of community meetings, as outlined further under section 3.7.3 in this report. There had also been incidents where a young person physically assaulted two young people in placement on a number of occasions. From a review of individual crisis management plans, it was not evident that these issues were taken into account in their most recent update nor was there guidance around management strategies of dynamics between the young people. Through interview with staff members, reference was made to a safety management plan in relation to two young people. Inspectors requested copies of this and were presented with risk assessments which stated young people must not do activities together and restraint techniques could be employed as a last resort. Despite the risk assessment, the young person had continued to assault other young people within placement. Inspectors did not believe this was an adequate response to the recent issues. The centre also had a bullying policy in place. This policy highlighted that should a young person be subjected to ongoing shouting or aggressive behaviour they would be given the opportunity to complain. There was no evidence to demonstrate the young person had been supported in this manner. Where concerns are raised in relation to the safety of young people due to the impact of another young person, an in depth safety plan should be drawn up in conjunction with the social work department to ensure risk is being adequately managed.

3.6.3 Practices that did not meet the required standard

None identified. Not all aspects of this standard were reviewed as part of this inspection

3.6.4 Regulation Based Requirements

None identified. Not all aspects of this standard were reviewed as part of this inspection

Required Action

- The centre manager must ensure an in depth safety plan is written up in conjunction with the social work department to safely address the dynamics of the young people.

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.

Safeguarding

3.7.1 Practices that met the required standard in full

The centre had a written safeguarding statement which had been approved by the CSS compliance unit. This had been implemented within the centre and was on display in the hallway. Staff members demonstrated an awareness of the purpose of this document and where it was located. The centre had a safeguarding policy implemented also. Inspectors reviewed a sample of staff files and found these to have adequate recruitment procedures with all files containing CVs, Garda vetting, reference checks and qualifications. There was evidence of staff induction also which ensured staff were aware of safeguarding procedures. There was evidence of the Empowering Young People in Care organisation having visited one of the young people in placement and the centre was currently trying to arrange a further visit given the recent changes in admissions. Young people in placement also had fortnightly visits with their social workers on site and had the opportunity to meet with their social workers in private should it be required. The centre had a policy on safe practise for staff members. This included guidelines around physical touch, entering bedrooms and bathrooms. There were supporting risk assessments relating to this and inspectors saw this practise evident throughout the course of inspection.

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

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.

The centre had written policies and procedures in relation to child protection however inspectors noted these were not in line with Children First: National Guidance for the Protection and Welfare of Children, 2017. The director of services must ensure this policy is reviewed in line with legislation. Inspectors found all staff members to have completed the relevant e-learning training Children First: National Guidance for the Protection and Welfare of Children, 2017 however there had been no child protection training in organisational policies. The centre manager informed inspectors that this was currently being arranged for briefings to occur with the staff team over the coming months. The centre manager must ensure all staff members complete an in house training in children's first alongside their e-learning training.

Inspectors reviewed the questionnaires submitted during the inspection process. Inspectors also interviewed a number of staff members whilst on site. From these two mediums it was clearly evident that staff members were not aware of Children's First protocol. They believed that child protection concerns should be managed through the centre's complaints policy and procedures and should be addressed through community meetings with all staff and young people present. Whilst staff members demonstrated a clear awareness of who the designated liaison person (DLP) was, they were not aware of the updated 2017 Children's First protocol i.e. child protection and welfare reporting form (CPWRF's) and the Tusla Portal. Staff members stated when they received an allegation they would complete an "information for sharing sheet" and this would be forwarded to the DLP who would complete a child protection and welfare reporting form should they deem it to be required. Child protection and welfare reporting forms should be completed by those who receive any disclosure and not by a third party.

From a review of files inspectors found a number of concerns relating to one young person within the centre. Two "information for sharing sheets" were on file which did not have any related correspondence available nor any CPWRF's associated with it. From a review of the DLP's file correspondence there had been no concerns submitted through the Tusla portal since March 2018. One "information for sharing sheet" related to an allegation against a staff member for hitting a young person, along with a family member hitting the young person. Inspectors found this had been

addressed at a community meeting with all young people present the day after the event was alleged to have occurred. This meeting was facilitated by the person against whom the allegation was made. The young person was challenged in front of peers and staff as to why they were lying and following this stated they took back what they said. The young person was further challenged by another staff member the following day as to why they had lied.

The second “information for sharing sheet” was about parents interactions during an unsupervised access visit. There was no evidence of follow up on this matter however from speaking with the deputy manager inspectors were informed access visits were changed following this concern being raised however there was no written documentation available to evidence this. Neither of these matters were managed in line with the centre’s own policies nor in line with legislation.

Subsequently through a review of community meetings, inspectors noted this young person also alleged in June 2019 that a staff member locked them in the bathroom in the centre; the young person was challenged on this in the meeting as to why it had occurred. There was no evidence of follow up to this matter and no evidence of centre manager oversight on these documents.

From a review of community meetings, inspectors found this young person to be raising a number of issues relating to their care, in particular being kept safe from another resident who was engaging in violence towards peers. Inspectors notified the young person’s team leader of the issues raised on this day and requested the social worker attend the centre to meet with the young person as a matter of priority. Inspectors also request the centre manager to compile a composite report and submit this to the social worker for further review in relation to the above concerns.

Following inspection, the inspectors interviewed the young person’s social worker and they confirmed they had been made aware of the issues as they arose however acknowledged procedures had not been carried out by submitting these issues through the Tusla portal for review. They had spoken with the young person in relation to the access concerns, and had spoken with the young person in relation to the allegation against a family member hitting them however did not speak directly with the young person in relation to the allegations against staff members. The social worker highlighted that they spoke with the young person in order to make them aware that it was not okay if anyone hurt them and if they do they must tell their social worker. The social worker highlighted the young person did not raise any issues during this conversation and noted the young person had, in the past, raised

issues where they felt there was wrongdoing therefore the social worker assessed that this minimised the risk. It is essential social workers fulfill their role in this process also and should issues be identified to them, correct protocol needs to be followed.

Required Action

- The director of services must ensure the centre's child protection policies and procedures are reviewed in line with the legislation for Children First: National Guidance for the Protection and Welfare of Children, 2017.
- All staff members should be aware of their individual responsibility to make child protection reports if necessary in accordance with the centres policies and Children's First guidance.
- The centre manager must ensure all staff members complete an in house training in children's first alongside their e-learning training.
- The centre manager must ensure the aforementioned concerns in this report are compiled in a composite report and submitted to the social worker for review.
- Social workers must ensure where concerns of a child protection are raised that they are being investigated thoroughly with written responses provided to the centre with the details of the investigation and the outcome.

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 centre was a large spacious purpose built bungalow on the outskirts of a rural town. The centre consisted of private bedrooms and en-suites for all young people along with staff bedrooms and office space. There was a spacious living / dining area, an allocated games room and an allocated art / play room. In addition to this the centre had a professionally designed sensory room containing multi-sensory equipment which added therapeutic value to the children living in the centre. There were also large gardens providing adequate play areas for children and was equipped with age appropriate play equipment. The centre was in good structural repair and

with adequate furnishings and facilities for the number of children living there. Inspectors found the centre to have had a pleasant ambience along with having adequate light, heating, ventilation, cooking and laundry facilities. There was adequate space for private visits with friends, families and social workers when they visited.

The inspectors found the centre was appropriately insured and records of the insurance details were provided.

Maintenance and repairs

The centre had a dedicated maintenance person who worked on site Monday to Friday 9am – 5pm and could tend to issues immediately. From review of the centre there were no outstanding maintenance issues. Inspectors reviewed maintenance logs and found issues to be recorded and reported however there was no written evidence of follow through on completion. Inspectors noted the “date of completion” section was not being filled out on maintenance logs thus not informing if maintenance is being completed in a prompt manner. From a walk about of the centre it was suggested repairs were being carried out promptly. The centre manager must ensure the maintenance records are being completed in full. There was evidence of external line managers routinely monitoring the premises also. A weekly maintenance meeting occurred every Monday morning in which tasks were identified between the director of services, centre manager and maintenance worker.

Safety

The centre had a health and safety statement which was recently reviewed in September 2019. It outlined roles and responsibilities together with hazard identification and risk assessments. The centre had access to vehicles and these were noted to be road worthy, taxed and insured. Medicines were stored safely in the centre in a locked cabinet in the staff office and all staff members could demonstrate awareness of the medication procedure. It was noted that there were some gaps in first aid training for staff members. There had been a recent refresher however there was only an attendance sheet provided to inspectors for review as the centre had not yet received certificates. The centre manager must ensure that all training certs are up to date for all staff members.

3.10.2 Practices that met the required standard in some respect only

Fire Safety

The centre had obtained written certification regarding its fire compliance before beginning operations. There were floor plans evident in the entrance hall of the centre with identified means of escape and there was a fire assembly point evident at the front of the house at the top of the driveway.

The centre maintains a fire register however inspectors noted a number of gaps in this, namely; emergency lighting checks not being completed quarterly and fire door checks not being completed. The centre manager must ensure all fire safety records are kept up to date at all times and that checks are being completed.

All staff members recently completed a fire safety training refresher in May 2019 thus were all adequately trained and up to date. All fire-fighting equipment had been serviced on a yearly basis and both staff and young people were engaging in fire drills in line with the centre's policies.

3.10.3 Practices that did not meet the required standard

None identified.

3.10.4 Regulation Based Requirements

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

-Part III, Article 8, Accommodation

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

-Part III, Article 15, Insurance

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

-Part III, Article 13, Fire Precautions.

Required Action

- The centre manager must ensure the maintenance records are being completed in full.
- The centre manager must ensure all fire safety records are kept up to date at all times and that checks are being completed.

4. Action Plan

Standard	Issue Requiring Action	Response with Time Scales	Corrective and Preventive Strategies To Ensure Issues Do Not Arise Again
3.2	<p>The centre manager must ensure all significant event notifications are appropriately recorded and reported to the social work departments.</p> <p>The centre manager must have direct access to and be aware of all paperwork relating to the centre.</p>	<p>All SEN's are reviewed on a weekly basis by the senior management team. Action plans from the previous week will be included for review from December 2019 onwards.</p> <p>Certain documents which were kept in the main office will now be transferred to the Centre Manager's office, effective from 01/01/20.</p>	<p>To safeguard all SEN's are sent in a timely fashion, the senior management team will complete a review of agreed action plans from the previous week. This should ensure all action plans have been implemented as agreed.</p> <p>Certain documents which were originally kept in the administration office (Child Protection Register, Maintenance Log, Training Register and Register) will be maintained separately for the unit by the Centre Manager.</p>
3.5	<p>The centre manager must ensure the new pre-admission risk assessment template is utilised in all admissions moving forward.</p>	<p>Recommendation adopted by the centre with immediate effect.</p>	<p>We will take on board this recommendation and ensure pre-admission risk assessments utilised by the admission committee are placed on the children's file in all future admissions.</p>

	<p>The director of services must review and amend as necessary the current admissions policy.</p> <p>Social workers must ensure they furnish the centre with up to date care plans in a prompt manner following all statutory reviews.</p> <p>The centre manager must ensure there is a placement plan on file for all young people.</p>	<p>The current admission policy will be reviewed by the admission committee before the 30th January 2020</p> <p>Business support for CIC Service will ensure care plans are furnished in a timely manner once completed by Social Worker.</p> <p>Adopted as practice from December 2019</p>	<p>The director will ensure the admission policy is reviewed and amended to include the formal adoption of the new pre-admission risk assessment.</p> <p>Appropriate business support has been put in place within service to ensure this occurs.</p> <p>The placement plans will be compiled prior to admission and reviewed throughout the child's placement. This plan will outline the short term and medium/long term goals for each child during their placement in respect of health, education, emotional and behavioural development and support, identity, social and family relationships, social skills and self care skills. Placement Plans will be reviewed with the staff team on a quarterly basis by the centre manager, the deputy director, deputy manager and key workers. The deputy manager also reviews these plans with key workers during supervision sessions.</p>
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	<p>Social workers must ensure access plans are reviewed on a regular basis in the best interest of the young people.</p> <p>The centre manager must ensure that staff members are completing and filing key working sessions as they occur with young people.</p> <p>The social worker for one young person must ensure the centre is furnished with a copy of the care order.</p>	<p>Access is discussed, reviewed and amended at CIC reviews where possible. If there is no scheduled review upcoming an access review meeting will be scheduled.</p> <p>The centre manager will ensure keyworking sessions are completed and filed as they occur.</p> <p><i>*No response was received from the relevant social work department</i></p>	<p>The centre manager will ensure appointed key workers implement the recording and filing of key worker sessions. Oversight of this practice will be included in supervision sessions the centre manager will conduct with the deputy manager.</p> <p><i>*No response was received from the relevant social work department</i></p>
<p>3.6</p>	<p>The centre manager must ensure an in depth safety plan is written up in conjunction with the social work department to safely address the dynamics of the young people.</p>	<p>Draft Safety Plans furnished to the Social Workers for review and implementation.</p>	<p>The centre will adopt this recommendation as a further suggestion to ensure group dynamics are being considered and managed by the centre.</p>

<p>3.7</p>	<p>The director of services must ensure the centre's child protection policies and procedures are reviewed in line with the legislation for Children First: National Guidance for the Protection and Welfare of Children, 2017.</p> <p>All staff members should be aware of their individual responsibility to make child protection reports if necessary in accordance with the centres policies and Children's First guidance.</p> <p>The centre manager must ensure all staff members complete an in house training in children's first alongside their e-learning training.</p> <p>The centre manager must ensure the aforementioned concerns in this report are compiled in a composite report and submitted to the social worker for review.</p>	<p>The director of services has taken on board this recommendation. The centre intends to have the review process completed in January 2020.</p> <p>In-house training has commenced and will be completed by 30th January 2020.</p> <p>In-house training has commenced and will be completed by 30th January 2020. Bi-annual reviews of Child Protection Policy and Procedures will be scheduled with the staff team, effective from 2020.</p> <p>As advised by the Inspectors, during the process of verbal feedback, two of the aforementioned concerns mentioned in the report were discussed with Duty Social Work department and detailed CPWRF</p>	<p>The centre's Safeguarding and Child Protection Policy is currently being reviewed in line with 2017 legislation. The in-house training sessions will focus on making sure that the organisations child protection policy and procedures are clear and explicitly outline the reporting responsibility of staff members.</p> <p>All staff have re-completed the Tusla e-learning training to emphasise their individual responsibilities as mandated people.</p> <p>The centre has taken on board this recommendation.</p> <p>Actioned</p>
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	<p>Social workers must ensure where concerns of a child protection are raised that they are being investigated thoroughly with written responses provided to the centre with the details of the investigation and the outcome.</p>	<p>was submitted for review. The CPWRF provided a comprehensive overview of the context of the two concerns and the course of action taken by the centre at the time. A composite report in respect of the third incident highlighted by the inspector has been furnished to the social worker. The need to clearly record details of content and action taken by staff has been clearly emphasised to staff members by senior management.</p> <p>All child protection concerns are assessed under Tusla business processes. A response will be provided to centre following assessment. An Intake Record is completed within 8 days and an Initial Assessment if required completed within 40 days.</p>	<p>Practice workshops relating to business processes have been rolled out to ensure fully understanding and compliance.</p>
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<p>3.10</p>	<p>The centre manager must ensure all fire safety records are kept up to date at all times and that checks are being completed.</p>	<p>The centre manager will continue to ensure Fire Safety records are maintained and relevant checks are completed. The director of services will appoint a responsible person in charge of fire safety checks in the absence of the designated Groundsman to ensure records and checks are completed in line with the centres policy and procedures.</p>	<p>The issues raised by the inspectors relates to a short period of time (Nov '18-Jan' 19) whilst the centre recruited and appointed a Groundsman for the service. During this period the centre staff completed monthly fire safety checks and any maintenance issues were attended to on a weekly basis.</p>
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