



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Registration and Inspection Service

Children's Residential Centre

Centre ID number: 119

Year: 2018

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Registration and Inspection Report

Inspection Year:	2018
Name of Organisation:	Fresh Start
Registered Capacity:	One young person
Dates of Inspection:	17th, 23rd and 28th of May 2018
Registration Status:	23rd of September 2016 to the 23rd of September 2019
Inspection Team:	Michael McGuigan Lorraine Egan
Date Report Issued:	20th of August 2018

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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. 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 on-going 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 on-going 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 September 2016. At the time of this inspection the centre was in its first registration and was in year two of the cycle. The centre was registered without attached conditions from 23rd of September 2016 to the 23rd of September 2019.

The centre's purpose and function was to accommodate one young person in a single occupancy arrangement. The model of care was described as delivering a consistent, structured environment while providing opportunities to empower the young person in making decisions affecting their life.

This inspection was a themed inspection and examined standard 2 'management and staffing', standard 5 'planning for children and young people', standard 6 'care of young people' (behaviour management and restraint only) and standard 10 'premises and safety' of the National Standards for Children's Residential Centres (2001). This inspection was unannounced and took place on the 17th, 23rd and 28th of May 2018.

1.2 Methodology

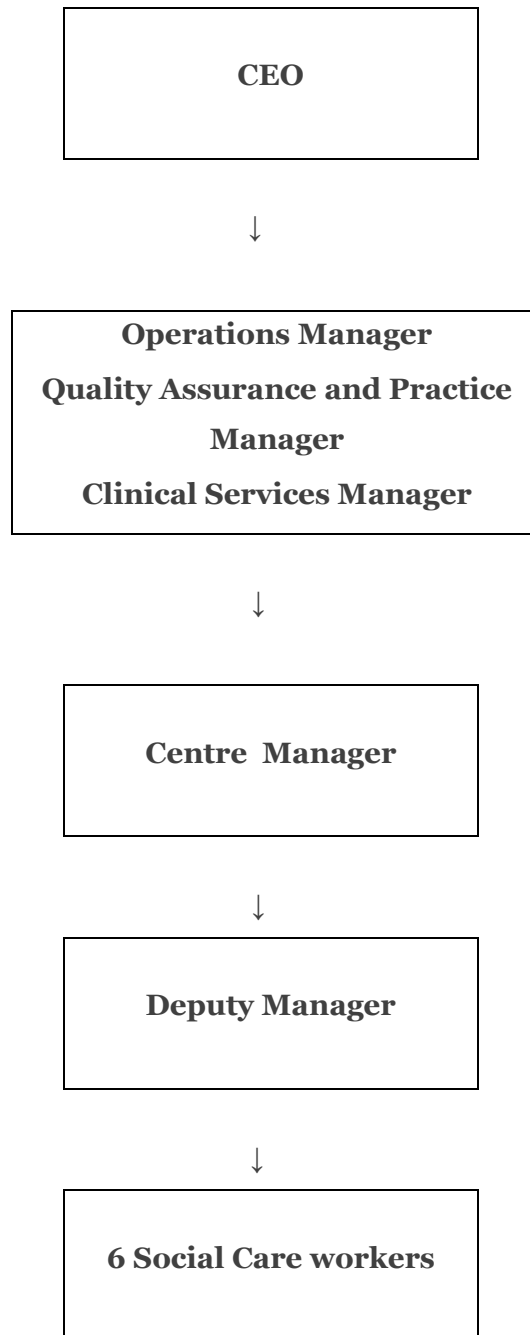
This report is based on a range of inspection techniques including:

- ◆ An examination of the inspection questionnaire and related documentation completed by the manager
- ◆ An examination of the questionnaires submitted by:
 - a) Four social care workers
 - b) The young person
 - c) The CEO
- ◆ An inspection of the premises and grounds
- ◆ An examination of the centre's files and recording process including care files; supervision records; management documents; health and safety and fire safety documents
- ◆ 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 centre manager
 - b) The operations manager for the organisation
 - c) The quality assurance and practice manager for the organisation
 - d) The social worker for the young person
 - e) Two social care workers
- ◆ 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.

1.3 Organisational Structure



2. Findings with regard to registration matters

A draft inspection report was issued to the centre manager, operations manager and the relevant social work department on the 11th of July 2018. 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 centre manager returned the report with a completed action plan (CAPA) on the 25th of July 2018.

Following an assessment of the information provided by the organisation in the corrective and preventative actions section, the outstanding regulatory matters that are identified in this report are deemed to be met. As such, 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. The decision of the Child and Family Agency to register this centre, ID Number 119 without attached conditions pursuant to Part VIII, 1991 Child Care Act. The period of registration being from the 23rd of September 2016 to the 23rd of September 2019.

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

Notification of Significant Events

Inspectors found that there was a system for the notification of significant events and these reports were forwarded to the appropriate persons. However, it was observed that in one instance there was a delay of over two weeks in the reports for a serious incident being issued. It is recommended that steps are taken by the manager to ensure this does not occur again. The centre manager confirmed that there was a response from the young person's social worker on incidents and restraints and there was evidence of oversight of significant events by external line managers.

Training and development

From a review of the training information provided to inspectors it was observed that staff members had training in fire safety, first aid, manual handling and the Children First, 2017 online E-learning programme. Staff had also received training from the Tusla Assessment, Consultation and Therapy team to support them in dealing with the behaviours of the young person. Further training was also planned throughout the year.

Administrative files

Inspectors reviewed a number of the administrative files in the centre and found these to be in order. It was observed that files in the centre were maintained in line with the Freedom of Information Act, 1997 and stored securely. Inspectors also noted that there were adequate financial arrangements in place.

The centre registers for significant events, complaints, sanctions and rewards had been bound into the one large register. Each of the entries in the registers had been signed by the centre manager. Inspectors observed that young people's care files were generally structured to facilitate access to information on the young person.

3.2.2 Practices that met the required standard in some respect only

Management

There was a manager in place who had been in post for seventeen months and had previous experience managing another centre in the organisation. This person was responsible for the day-to-day operation of the centre and was present each week during normal working hours. The organisation also had an on-call system that provided support to staff members at evenings and weekends.

As part of their governance, the centre manager attended daily handovers, professionals meetings, child in care reviews and chaired staff team meetings. Inspectors observed that the manager had signed documents in the care files and that she had also reviewed the key work and placement planning documents; however, work in this area needed to improve. The centre manager reported to the operations manager for the service and the quality assurance and practice manager undertook audits on the quality of care being provided. The clinical team provided support on placement planning and clinical issues and there was also a peer support group for managers which the centre manager stated was helpful.

Inspectors reviewed minutes for the organisation's monthly manager's meetings and found that these were occurring regularly and were well attended. However, the minutes of these meetings did not provide a sufficient amount of detail. Further information should be included to evidence that the planning of care for young people and operational matters were discussed. The centre manager completed a monthly monitoring self-audit checklist. This was forwarded to the quality assurance and practice manager who visited the centre to carry out audits. The report included information on the centre care files, health and safety records, premises and staffing. Further, this report included a commentary identifying specific areas that needed to be addressed. From this an action plan was created and the quality assurance and practice manager followed up with the centre manager on completion of tasks. These actions were completed within suitable time frames.

However, inspectors found that the overall governance of the centre needed to improve and that the manager needed support in their role. It was observed that issues relating to staffing, placement planning, supervision, accommodation, safety and fire safety all needed to be addressed. Further information on each of these issues is contained in subsequent sections of this report.

From a review of the staff team meeting minutes, inspectors found that these were occurring fortnightly. The records contained evidence of planning for the complex behaviours displayed by the young person. However, there were times when the set agenda for the meeting was not being followed and there was no evidence of placement plan review as directed under the headings. While there was good attendance at team meetings in both February and March, there was quite low attendance in April and May and this was reflected in the deficits in planning for the young person. The low attendance was as a result of the challenging behaviours being displayed in the centre and further staff recruitment was required to supplement the staff team.

Register

As part of this inspection the centre register was reviewed. This document contained details on the name and address of the young person's social worker, their parents and admission and discharge information. However, it was observed that some of the information on this record was entered incorrectly. This register should be reviewed and amended for clarity. A copy of the centre register is held by Tusla, Child and Family Agency.

Supervision and support

This centre had a policy that states supervision will be conducted between four and six weeks and more frequently if required. Supervisions for staff in this centre were being carried out by the centre manager and this person had received training in a recognised model of supervision. A review of a sample of supervision files evidenced that there were supervision contracts in place for staff. However, it was observed that sections in the recording template titled '*objectives set at last supervision*' and '*review of objectives set*' were often blank. Further, in the majority of supervisions, the sections on the review of young people's placement plans contained narrative rather than discussions on the plan and goal setting for the young person. This section needed to improve and clear direction on placement planning for the young person was required.

Inspectors found that for one staff member there were no objectives set in either of the supervisions that were conducted in 2018. It was noted that the information included in the section for feedback on performance for staff was non-specific and often not related to care practice or the staff member's role and this needed to improve. Further, inspectors observed that there was only one supervision conducted in 2018 for a staff member and that the template being used for recording supervision was not fit for purpose. Considering the nature of the behaviours and on-

going incidents in the centre, it is important that staff members receive regular supervision to support them.

Inspectors attended a handover meeting and found this to be used for daily planning and exchange of information on the previous shift. However, there was no discussion on placement planning or key working and it was unclear how this was being planned. Further, inspectors found that the daily handover records did not include a review of the shift and generally the focus was on the completion of administrative tasks by staff.

3.2.3 Practices that did not meet the required standard

Staffing

Inspectors reviewed the daily progress reports and observed that there had been 32 different staff working in the centre since the young person was admitted on 19/02/18. It was noted that at times staff were working back-to-back sleepovers. Given the nature of the behaviours displayed by the young person and the environment in the centre, inspectors recommend that this practice is immediately discontinued. Inspectors found evidence that at times agency staff and inexperienced staff were rostered together when no full time permanent staff were available. While the initial roster provided two sleepover staff each day, this was increased due to the behaviours of the young person to include a day shift and live-night staff. As a result the initial compliment of six social care workers was not sufficient and staff from other centres were at times working there. It was noted in the plans for this young person and in reports from external professionals that a stable and consistent staff team was required; however, inspectors found this was not always in place. Further, it was observed that there were no staff at social care leader level in the centre and while the organisation was in the process of recruiting a deputy manager, this person was not yet in post. The centre manager also stated that she was spending a significant amount of time working directly with the young person and supporting staff. Given there were no other senior staff other than the manager in the centre inspectors found this was having an effect on the levels of governance being provided.

There was acknowledgement from the operations manager for the service that further staff with suitable experience were required and a recruitment drive was under way. However, the issues on staffing in the centre needed to be immediately addressed. It is important that any new staff recruited have the experience and skills base to deal with complex and challenging behaviours.

For this inspection a review of a sample of staff personnel files was conducted. It was observed that these files contained up-to-date Garda vetting documents, training certificates, verified qualifications and references for staff. However, inspectors noted that the references in place for one staff member were not obtained by the organisation but had been transferred over from a previous employer. Further, some sections of a reference form for a second employee were not completed and questions on the suitability of that person were not answered. Inspectors also noted that the CV for one staff member was not to the required standard and more information needed to be included on this.

3.2.4 Regulation Based Requirements

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

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

The centre has not met the regulatory requirements in accordance with the ***Child Care (Standards in Children's Residential Centres) Regulations 1996 -Part III, Article 7, Staffing (Numbers, Experience and Qualifications)***

Required Action

- The operations manager for the service must ensure the effective operation of the mechanisms for governance and oversight in the centre.
- The centre manager must ensure that the register is up-to-date and that all entries are correct.
- The quality assurance and practice manager must review supervision in the centre to ensure it meets the needs of the service.
- The quality assurance and practice manager must review the processes for handover in the centre to ensure that planning for the young person is included.
- The operations manager for the service must ensure that the centre has adequate and consistent staffing arrangements in place with suitable experience to fulfil the purpose and function and to meet the needs of the young person.

- The operations manager must ensure that vetting in the centre is in line with the Department of Health Recruitment and Selection Circular, 1995.

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 organisation had a policy on admissions and discharges and accepted referrals from the Tulsa National Private Placement Team. Inspectors found evidence of a planned and structured transition to the centre for the young person. Further, there was adequate referral information held on file to support planning. The preadmission risk assessment created for the young person was detailed and comprehensive and addressed issues of risk and possible behaviours.

Contact with families

There have been six family access visits since the young person was admitted to the centre and inspectors also found that regular phone contact was occurring with family members. There was evidence that centre staff supported the relationships with family and there was space for the young person to meet friends and family members in private if required.

Supervision and visiting of young people

From interview with the young person's social worker and information held on file in the centre, inspectors found that the young person was meeting with their social worker within the required statutory time frames. There was also evidence that the social worker had read the young person's care file and the centre held a record of their visits with the young person and contact with them.

Social Work Role

Standard

Supervising social workers have clear professional and statutory obligations and responsibilities for young people in residential care. All young people need to know that they have access on a regular basis to an advocate external to the centre to whom they can confide any difficulties or concerns they have in relation to their care.

Inspectors found that adequate preadmission information was provided to the centre and that a care plan was in place. Care plan reviews were also occurring and there was evidence that the young person and their family were included in this process. The allocated social worker also confirmed that they received significant event notifications and received reports on the restraints that were occurring.

Emotional and specialist support

The centre operated a key worker system and two were allocated to the young person to support the delivery of placement planning. The organisation also had a clinical team that provided advice and support to staff members on their interventions and the work to be carried out with the young person. Further, there was a psychologist and speech and language therapist available through the Tusla assessment, consultation and therapy service (ACTS). At the time of the inspection, direct clinical work was not being undertaken with the young person. However, the ACTS team were providing support and training to centre staff on their strategies and interventions to be used with the young person. Inspectors noted a wide range of clinical reports on file. Inspectors found the care team understood the nature of the young person's diagnoses and were attempting to support them with their behaviours.

Preparation for leaving care

The resident young person was under the age of sixteen. From a review of placement plans inspectors noted that life skills work on cooking and keeping living spaces clean was on-going and the young person was being supported to become more independent.

Discharges

This centre had been set up under a special derogation to care for the complex needs of one young person. There had been no discharges from the centre in the six months prior to the inspection.

Aftercare

Given that the young person was aged under sixteen, work on aftercare had not yet begun.

Children's case and care records

Centre staff completed daily progress reports that detailed information on the emotional presentation of the young person and their general presentation throughout the day. Records were generally signed by the centre manager to evidence her governance and inspectors noted that the social worker for the young person had also signed the daily progress reports to evidence her review. Reports were generally well written and signed by the staff on shift. Inspectors found that the care files contained required documents and that the social worker maintained a case file.

3.5.2 Practices that met the required standard in some respect only

Statutory care planning and review

Inspectors reviewed the care plan for this young person and found that it was dated 13/03/18 and was relevant to the placement. However, some of the information included in the plan was out of date and referred to a transition to the centre, despite the young person having been admitted some weeks before the creation of the plan. While specific information was included in some of the sections for the young person, the boxes on '*family and social relationships*' and '*identity*' were blank. Further, inspectors noted that care plan reviews had not always occurred within the time frames set out in the National Policy in relation to the Placement of children aged 12 years and under in the Care or Custody of the Health Service Executive.

From a review of the placement plans for this young person, inspectors observed that these were being created monthly and addressed issues such as education, relationships, emotional presentation and physical health. However, it was noted that for the most recent placement plans these were almost identical and the information in the sections titled '*interventions and measurable outcomes*' needed to improve, to provide clear direction to staff on the work to be undertaken with the young person. Inspectors found that the plans lacked detail and specific pieces of work were not set out for staff. Further, it was also observed that at times some of the key working that was undertaken did not relate to the placement plan and it was unclear how this work was being directed. Inspectors found that the placement plan did not address the diagnosis or complex behavioural needs of the young person or the clinical interventions in place.

It was noted that there had only been one key work session per week on average since the young person was admitted and inspectors noted that more were required. The majority of these were on behaviours and safety aspects in the centre. The quality assurance and practice manager also noted in their report that placement plans did not adequately demonstrate planning for the young person and the centre manager needed to address this issue. Inspectors found there was no discernible path on how key working was being planned and delivered with the young person.

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 1 and 2, 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***

Required Action

- The allocated social worker must ensure that a complete and up-to-date care plan is created for the young person.
- The quality assurance and practice manager must review key working and placement planning in the centre to ensure that it meets the needs of the young person.

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

Restraint

This centre used a recognised model of physical intervention and each of the staff had received training in this. The social worker for the young person stated that they received notifications of each physical restraint and these incidents were reviewed by senior managers and the organisation's TCI coordinator when they occurred. Inspectors noted evidence that de-escalation techniques were employed by staff and despite a challenging period, the instances of restraint had begun to decrease.

3.6.2 Practices that met the required standard in some respect only

Managing behaviour

The model of behaviour management was described as the setting of clear and consistent boundaries alongside the rewarding of positive behaviours and the identification of young people's strengths. Inspectors observed that for a ten week period following admission, consequences were not used with the young person. This was at the direction of the ACTS team. However, both the centre manager and one staff member stated during interview that they did not feel this supported the young person with their behaviours and it was unclear how this decision matched the behaviour management model in the centre. Sanctions were now being used with the young person and were having a positive impact in supporting them to manage their own behaviour. These were recorded separately and overseen by the centre manager and inspectors found they were appropriate and related to the behaviours displayed.

Inspectors reviewed the individual crisis management plan in place and noted this to be in-date and to contain appropriate information. There was also a behaviour management plan in place for the young person. However, inspectors found this was not robust enough and did not contain sufficient direction to the staff team on how

the challenging behaviours being exhibited were to be managed. The recording in this document needed to improve and direction to staff needed to be clearer across the range of behaviours displayed by the young person. Further, while inspectors acknowledge that some very challenging behaviours were being displayed; at times the rostering of inexperienced staff together and the overall staff compliment for the centre did not support effective behaviour management planning.

3.6.3 Practices that did not meet the required standard

None identified.

3.6.4 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 16, Notifications of Physical Restraint as Significant Event.*

Required Action

- The centre manager must review the behaviour management plans in place to ensure they contain sufficient direction for staff and meet the needs of the young person.

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

None identified.

3.10.2 Practices that met the required standard in some respect only

Maintenance and repairs

During an inspection of the premises and surrounding grounds, inspectors noted evident issues and found that immediate work was required. The centre had a maintenance log that provided for recording and tracking maintenance issues and

identifying when these were addressed. Significant work had been undertaken in the weeks since the young person had moved in to rectify property damage and issues with the building. However, further work was required and the operations manager detailed difficulties in securing funding to address problems in the centre as the premises was owned by Tusla, Child and Family Agency and not by the organisation.

3.10.3 Practices that did not meet the required standard

Accommodation

This premises is a two story building in a rural area of county Kildare. The young person had an individual bedroom and could decorate this to their own taste and there were also communal areas in the building to spend time with friends and family. There was garden space to the rear of the building and the appliances were domestic in nature. Further, some works had been carried out in the gardens over the previous weeks to allow increased lighting into the building.

However, during a walk-through of the premises with the centre manager, inspectors noticed a number of issues that needed to be attended to. These were as follows:

- The carpets in the downstairs of the building needed to be replaced as they were worn and ripped in some places and also were not fitted properly
- Furniture in the building needed to be cleaned and updated and sufficient for the staff and young person living in the centre on a daily basis so that there was a homely environment for the young person to live in
- Curtain poles and curtains needed to be replaced throughout the centre
- The kitchen required an immediate deep clean
- Lights on the driveway were broken and needed to be repaired
- There were minor areas of crumbling concrete around the outside of the house
- The exterior of the building including pathways, paved areas, windows and the roof needed to be cleaned to address moss, leaves and dirt accumulation
- Garden areas needed attention
- There was a leak from the roof at the rear of the premises
- The utility room that was used for storage and preparation of food was not fit for purpose and the flooring and storage areas needed to be immediately addressed
- There was a metal bar in the bushes in the garden that needed to be removed
- There was no lighting for the rear of the premises
- Some areas of the building needed to be immediately cleaned

This premises has been registered as single occupancy and some of the upstairs areas were closed off and not being used. On review of these parts of the building, inspectors found that they needed immediate work and that there was a damp smell in a number of areas. During discussions with the young person's social worker and with the operations manager for the organisation both stated that the young person was finding the environment difficult to manage and as such many of the soft furnishings and decorations had been removed from communal areas. While inspectors accept that the décor has been set to suit the young person's needs, immediate cleaning and works were required throughout the building and on the grounds outside to ensure that the centre was fit for purpose. Following the inspection and feedback to the organisation, the CEO requested an immediate meeting with the Child and Family Agency who own the premises and a review is currently under way. This process was on-going at the time of the report.

Safety

Inspectors noted that the centre had a comprehensive health and safety statement; however, this was dated 16/01/17 and needed to be immediately reviewed. Further, while there were risk assessments that covered general hazards and working in the building, new risk assessments were required to direct staff on actions in relation to hazards that inspectors noted existed in the centre.

Fire Safety

Inspectors reviewed the fire safety log held for the premises and also completed a walk-through of the building with the centre manager. Inspectors found that fire drills had been completed with the young person on 16/02/18, 19/02/18 and 10/05/18. The fire safety log also evidenced that daily and nightly checks including fire safety checks were in place and that there were weekly checks on fire alarm systems, fire doors and emergency lighting. However, inspectors found that a number of the fire extinguishers in the building had not been serviced since March 2017 and this had not been picked up in the monthly checks on the fire fighting apparatus that were being conducted by staff. Further, fire extinguishers in the communal areas had been moved as a safety measure and staff were required to access locked areas in the building in the event of a fire to get to fire extinguishers. Inspectors found that while reference was made to this in handover documents and risk assessments, there was no clear written fire safety plan for staff to follow and this decision had not been made in conjunction with a certified fire safety officer.

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 9, Access Arrangements (Privacy)
-Part III, Article 15, Insurance

3.10.4 Regulation Based Requirements

The centre did not meet 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 13, Fire Precautions
-Part III, Article 14, Safety Precautions (Compliance with Health and Safety)

Required Action

- The operations manager must ensure that the centre has an up-to-date safety statement with accompanying risk assessments.
- The operations manager for the service must ensure that there is an appropriate fire safety plan in place for the centre.

**Discussions on the suitability of the premises are on-going between Tusla, Child and Family Agency and the organisation.*

4. Action Plan

Standard	Issues Requiring Action	Response with time scales	Corrective and Preventative Strategies To Ensure Issues Do Not Arise Again
<p>3.2</p>	<p>The operations manager for the service must ensure the effective operation of the mechanisms for governance and oversight in the centre.</p> <p>The centre manager must ensure that the register is up-to-date and that all entries are correct.</p>	<p>The governance systems within the centre were reviewed by the organisation on the 2nd of July 2018.</p> <p>The centre manager amended the register accordingly on July 16th 2018.</p>	<p>Quality Assurance & Practice Manager reviews the centre manager’s monthly auditing tool. This is then further audited and cross referenced with monitoring visits to the centre by the Quality Assurance & Practice Manager. Clinical Manager holds governance over all clinical aspects of the centre. Operations Manager maintains governance of the overall running of the centre.</p> <p>The centre manager will complete the centre register upon admission and discharge. The centre manager will ensure that the information contained in the centre register is accurate and complete. This will be monitored by the organisations Quality Assurance & Practice Manager through regular audits of centre documentation.</p>

	<p>The quality assurance and practice manager must review supervision in the centre to ensure it meets the needs of the service.</p> <p>The quality assurance and practice manager must review the processes for handover in the centre to ensure that planning for the young person is included.</p> <p>The operations manager for the service must ensure that the centre has adequate and consistent staffing arrangements in place with suitable experience to fulfil the purpose and function and to meet the needs of the young person.</p>	<p>The centre manager and quality assurance & practice manager reviewed supervision on July 3rd and 12th. A clear plan was implemented to ensure the effective delivery of supervision within the centre.</p> <p>The handover process in the centre was reviewed on the 03-06-18 by the Quality Assurance & Practice Manager. Changes were implemented to ensure that planning for the young person is now fully included in this process.</p> <p>New staff members have been recruited and assigned to the centre. Additional staff are currently being vetted and recruited for the centre to fulfil the purpose and function and meet the needs of the young person. September 30th 2018.</p>	<p>The organisation has developed a new supervision format which is due to be implemented following a training workshop with all supervisors on July 27th 2018. Supervision will be monitored and reviewed by the organisation quality assurance & practice manager to ensure it meets the needs of the service.</p> <p>House Manager will regularly review the handover process and attend handovers to ensure that planning for the young person is part of the handover process.</p> <p>Candidates will be interviewed on an ongoing basis to form a panel of Social Care Workers to recruit from as necessary.</p>
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	The operations manager must ensure that vetting in the centre is in line with the Department of Health Recruitment and Selection Circular, 1995.	Following a review of the staff files measures have been implemented to ensure that vetting in the centre is in line with the Department of Health Recruitment and Selection Circular, 1995. Management have requested a copy of copy of the Department of Health Recruitment and Selection Circular, 1995 from Registration & Inspection on 24-07-18 and await receipt of same. The operations manager will then audit the specific personal files against this circular.	The operations manager will ensure that going forward all vetting for all staff is in line with the Department of Health Recruitment and Selection Circular, 1995
3.5	<p>The allocated social worker must ensure that a complete and up-to-date care plan is created for the young person.</p> <p>The quality assurance and practice manager must review key working and placement planning in the centre to ensure that it meets the needs of the young person.</p>	<p><i>There was no response received from the Tusla Social Work Department.</i></p> <p>Key Working and Placement Plans have been reviewed and changes have been conducted to highlight identified needs within the Care Plan. The Centre conducted a Multi-Disciplinary Team Meeting for Key Workers and care staff in relation to key working and placement planning on the 25-06-18.</p>	<p><i>There was no response received from the Tusla Social Work Department.</i></p> <p>Placement planning and Key working have been reviewed. A Multi-Disciplinary Team Meeting for Key Worker's and care staff occurred on the 25-06-18 and further meetings are scheduled for the remainder of 2018 which will ensure continued review of Placement Planning and Key Working.</p>
3.6	The centre manager must review the behaviour management plans in place to ensure they contain sufficient direction for staff and meet the needs of the young	The centre manager will schedule a meeting with Acts & the organisations Clinical Team to develop a clear and comprehensive behaviour plan for the young person.	The centre manager will ensure that all staff are informed of the new behavioural plans and adhere to same. The oversight of these will be agreed at the meeting between ACTS

	person.	Date to be completed Monday 6th August 2018.	and the organisations Clinical Team.
3.10	<p>The operations manager must ensure that the centre has an up-to-date safety statement with accompanying risk assessments.</p> <p>The operations manager for the service must ensure that there is an appropriate fire safety plan in place for the centre.</p>	<p>The Safety Statement is reviewed annually and this had occurred in January 2018. Following a meeting with the Health and Safety Consultant for the organisation on the 05-06-18 it was agreed that the CEO would sign off on the Safety Statements annually.</p> <p>The centre manager emailed the lead inspector on 25th June 2018 with a fire safety plan devised by centre manager and a private fire company.</p>	<p>The Safety statement will be reviewed annually by the C.E.O. and H&S consultant for the organisation on an annual basis. The C.E.O. will sign and date the Safety Statement to evidence this has occurred.</p> <p>Fire Safety plans will be regularly reviewed with the centre manager through the organisations internal auditing systems. The fire safety officer will be consulted with to address any issues that may arise. All staff have been informed of the plan which is also on display in a prominent place within the staff office.</p>