



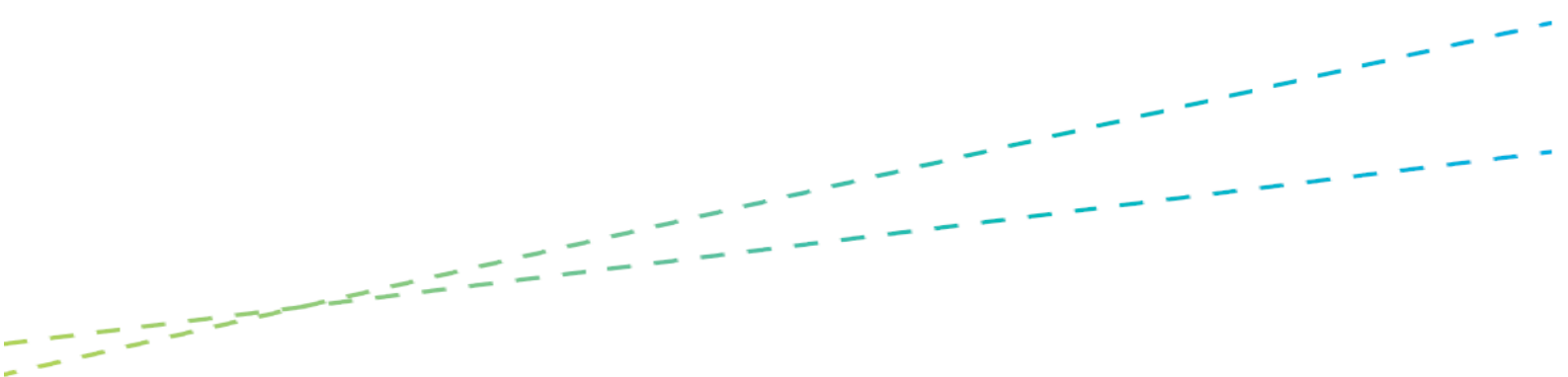
An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 141

Year: 2019

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Registration and Inspection Report

Inspection Year:	2019
Name of Organisation:	Brighter Futures for Children
Registered Capacity:	Two young people
Dates of Inspection:	09th and 10th October 2019
Registration Status:	Registered from 08th August 2018 to 08th August 2021
Inspection Team:	Lorna Wogan Linda McGuinness
Date Report Issued:	11th February 2020

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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 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 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 on the 08th August 2018. At the time of this inspection the centre were in their first registration and were in year two of the cycle. The centre was registered without attached conditions from the 08th August 2018 to the 08th August 2021.

The centre was registered to accommodate two young people of both genders from age thirteen to seventeen years on admission. The centre aimed to provide an open and transparent person-centred service based on emotional containment and positive reinforcement to assist young people to develop internal controls and promote resilience and responsibility. The therapeutic relationship with staff was created by staff being attentive to and understanding of the individual needs of the young people in their care thereby enabling the growth of the therapeutic relationship between a young person and their carers. They provided placements on a short to medium term care basis.

The inspectors examined standard 2 'management and staffing', standard 4 'children's rights', standard 6 'care of young people' and standard 7 'safeguarding and child protection' of the National Standards For Children's Residential Centres, 2001. This inspection was announced and took place on the 09th and 10th October 2019. There was one young person in placement at the time of the inspection

1.2 Methodology

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

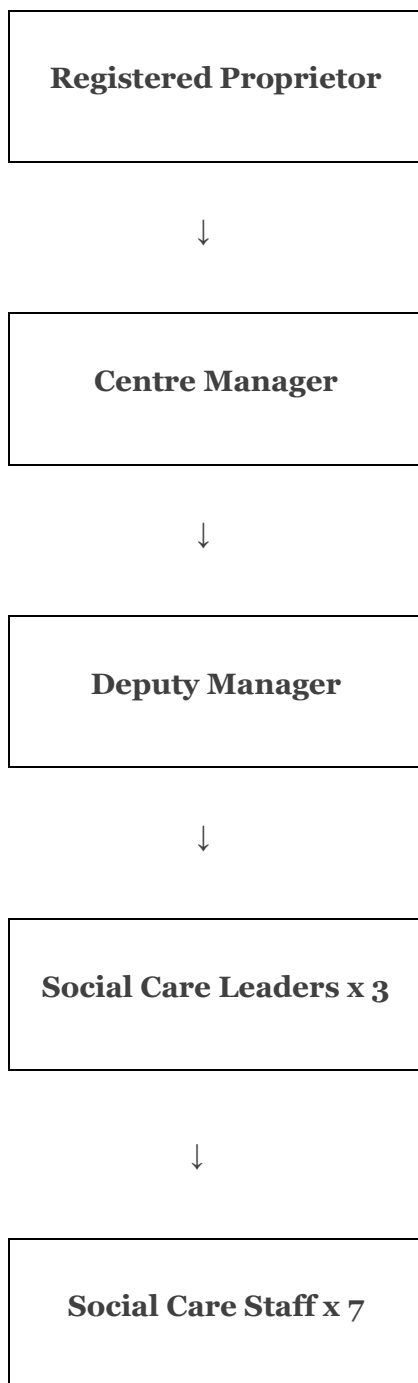
- ◆ An examination of pre-inspection questionnaire and related documentation completed by the manager
- ◆ An examination of the questionnaires completed by:
 - a) The registered proprietor
 - b) The centre manager
 - c) The deputy manager
 - d) Nine of the care staff
 - e) The young person residing in the centre
- ◆ An examination of the centre's files and recording process.
 - individual care file
 - handover records
 - centre register
 - staff rosters
 - significant event register
 - record of sanctions/consequences
 - visitors book
 - house meeting records
 - complaints on file
 - child protection and welfare concerns on file
 - five staff supervision files
 - four personnel files
 - team and management meeting records
 - staff training records
- ◆ 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 registered proprietor
 - b) The centre manager
 - c) The deputy manager
 - d) The social care leader
 - e) Two social care staff
 - f) The young person in placement
 - g) The allocated social worker
 - h) The aftercare worker

- ◆ 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, director of services and the relevant social work departments on the 27th January 2020. 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 satisfactory completed action plan (CAPA) on the 31st January 2020 and the inspection service received evidence of the issues addressed.

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: 141 without attached conditions from the 08th August 2018 to the 08th August 2021 pursuant to Part VIII, 1991 Child Care Act.

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

The centre manager maintained a register that contained all the regulatory requirements relating to the admission and discharge of young people from the centre.

There was a system in place where duplicated records of admissions and discharges were kept centrally by TUSLA, the Child and Family Agency.

Notification of Significant Events

The centre had a system for the prompt notification of significant events. The social worker for the young person in placement confirmed to the inspectors they were satisfied they were notified in a prompt manner of all significant events.

A register of all significant events was maintained at the centre that assisted the managers in tracking trends and patterns of events. This register was up to date and information held on the register was consistent with significant event reports on the care file.

3.2.2 Practices that met the required standard in some respect only

Management

There were no changes in the management structure since the last inspection in January 2019. The inspectors found there were clear lines of accountability within the organisation and staff members were familiar with the internal and external management structure and the respective role and responsibilities of each manager within the organisation. The registered proprietor undertook both announced and unannounced visits to the centre and aimed to visit the centre on a monthly basis. These visits to the centre included meeting with staff on duty, meeting with the young

person in placement, observation of staff interactions with the young people, review of the premises, attendance at staff meetings and review of a range of centre records. The registered proprietor provided verbal feedback to the centre manager and staff in the course of their visits to the centre and staff confirmed this to the inspectors. The inspectors found that the systems for oversight of the centre were not sufficiently robust to evidence their governance and oversight of the centre operations and staff practice.

The registered proprietor stated they chaired quality of service management meetings on a monthly basis. These meetings were attended by the centre manager and the deputy manager. The registered proprietor informed the inspectors that formal written records of these meetings were not maintained thus the inspectors could not assess the effectiveness of this quality assurance forum. The registered proprietor must ensure they maintain a written record of the quality of service management meetings and the agreed actions arising from these meetings.

The centre manager had a relevant qualification and was an experienced practitioner in both social work and social care provision. The manager had also recently commenced a Masters' programme in health and social care. The centre manager was present during normal office hours and had overall responsibility for the day-to-day running of the service. There was evidence that the centre manager reviewed the daily logs, read significant event reports, weekly progress reports, provided staff supervision and had regular planning meetings with the deputy manager. They also chaired staff team meetings, attended handovers, child in care reviews and other professionals meetings.

The manager was supported in their role by the deputy manager. The deputy manager was suitably qualified and was an experienced social care practitioner. The centre manager and the deputy manager met formally on a fortnightly basis and the inspectors found evidence of these meetings occurring with a record of issues discussed recorded. There were some gaps in the frequency of these meetings over the past few months however overall they were occurring on a regular basis with a clear focus on management roles and responsibilities. .

There was evidence that the centres policy and procedure document was reviewed in 2019. The inspector reviewed relevant sections of the updated policy and procedure manual and recommended further revision to ensure that going forward the policies reflect the requirements of the National Standards for Children's Residential Centres

(HIQA) 2018. Staff were required to sign a declaration to evidence they had read and understood the centre policies.

Staffing

The proprietor informed the inspectors they were satisfied that the team had stabilised and had become more cohesive over the past twelve months. They were satisfied that the team had displayed a strong commitment to the young people in placement and provided a high standard of care.

The team comprised of the centre manager, deputy manager, three social care leaders, four social care staff and two relief staff members. The inspectors found that the staff had adequate staffing levels to fulfil its purpose and function. The centre had strengthened its internal management structure since the last inspection with the appointment of three social care team leaders who worked across the staff rota. There were job descriptions on file for the centre manager, deputy manager and social care leader posts.

The deputy manager and three social care staff had recognised qualifications in social care. The remaining staff members had a range of relevant qualifications in related fields. The inspectors found there were a balance of experience and a range of expertise within the team.

The staff/child ratio was 2:1 at all times. The centre manager and the deputy manager worked at the centre Monday to Friday during office hours. Two staff work from 10am to 11am the following day and sleep over in the centre. The inspector found the roster was well organised to meet the needs of the young person in placement and provided opportunities for the centre manager and the deputy manager to undertake their management tasks. Prior to the inspection the young person required a staff ratio of 3:1 for a number of weeks and the centre manager, deputy manager and on occasion the registered proprietor had provided the additional cover across the roster to ensure consistency of care for the young person however at the time of the inspection the staff ratio had returned to 2:1 staffing requirement. The centre manager outlined that this impacted on the capacity of the centre managers to fulfil their management duties. The centre manager identified the need to expand the relief staff panel and planned to recruit additional relief staff at the time of the inspection.

There were some changes to the staff team since the last inspection however there was a consistent stable team in place since the current young person was placed in the centre. One relief staff member and three social care staff had resigned from their

posts. Exit interviews were offered to staff on their resignation. The centre manager stated there were no issues or concerns about the service raised with the centre manager on the departure of staff from the organisation.

Four personnel files for new staff members were inspected. There were some gaps in vetting as two references examined did not evidence that a verbal reference check was undertaken and overseas vetting for one relief staff member was not secured on file. The inspectors found that verbal checks required more detail in relation to who was spoken to and the content of the discussion.

Induction training was evidenced on file however the manager must ensure that induction records are dated when completed by staff. Staff interviewed were satisfied with the induction training programme they received on commencement of employment.

Supervision and support

The centre had a written policy in relation to staff supervision. The inspectors examined five staff supervision files. The policy outlined that staff received supervision every four to six weeks however the inspectors found that the supervision contract outlined staff supervision would be undertaken every four weeks. The centre manager must ensure the supervision contracts are consistent with the supervision policy. The manager provided formal supervision to all members of the team. The inspectors found that staff received regular formal supervision every four to six weeks in line with the centre policy. The inspectors examined the supervision records and found they did not sufficiently evidence discussions in relation to placement plans, key work and individual key work. The inspectors were made aware of issues staff brought to the supervision forum however these discussions or actions arising from such discussions were not evidenced on the records. The centre manager must ensure that all issues discussed in supervision are recorded with actions arising detailed.

The centre manager received two separate supervision processes; developmental supervision provided by an external supervisor and operational supervision undertaken by the registered proprietor. Both supervision processes were to be undertaken on a monthly basis. The inspectors found that there was no contract on file in relation to one of the supervision processes and there were no records maintained of the operational supervision meetings. There were written records of a number of developmental supervision meetings however the centre manager could not locate the minutes of several of these meetings that they had recorded and temporarily mislaid. The inspectors were informed that the external supervisor was

now maintaining a record of their supervision process and there was evidence of this on file. The registered proprietor must ensure that the centre manager receives regular formal supervision in line with the agreed practice and that a supervision contract is agreed and written records are maintained in a consistent manner and stored in a secure location of all supervision practice.

Team meetings were held fortnightly and there was evidence of good attendance by staff. External consultants also attended every second staff meeting to provide clinical oversight and guidance to staff. Minutes of these meetings were held on file however minutes of the meetings were not sufficient to evidence issues discussed and decisions taken. The centre manager must ensure that child protection concerns, complaints, behaviour management, placement plans and team work are standing items on each team meeting agenda to ensure the meeting evidenced a structured format. Decisions taken and learning outcomes following such reviews must be reflected in the staff meeting minutes.

Handover meetings were held on a daily basis. One of the inspectors attended a handover meeting and found that staff shared information about the young people and the tasks required to be completed over the next twenty four hours. Written handover records were maintained that were reviewed by the inspectors. The handover records should also evidence planning and detail tasks identified for the coming twenty-four hours. Overall the handover meeting evidenced good communications systems for planning and reviewing purposes. The managers also provided written guidance and direction to the team through the staff communication book and this was an effective means to relay information to staff.

Staff received guidance and support from the organisation's attachment and trauma specialist and from their clinical manager who provided training in behaviour management and facilitated a forum to assist the team in the continued development of their model of care. The centre manager was satisfied that confidence and experience was growing within the team and these forums facilitated the development of the team and their work with the young person in placement. This was confirmed to inspectors through staff interviews.

The inspectors were satisfied there were appropriate support mechanisms in place for staff. Debriefing was provided to staff members by the centre manager or the deputy manager where they had experienced a challenging or stressful event in the centre. Additional external support was made available to them if required. On-call support

was provided out of office hours and at weekends by the deputy manager, centre manager or the registered provider.

There was a policy in place to undertake staff performance appraisals annually however the centre manager informed the inspectors that staff appraisals had not been undertaken at the time of the inspection. The centre manager must ensure that staff appraisals are undertaken in line with centre policy.

The registered proprietor and the centre manager had access to external consultants who provided guidance to them in relation to employment law.

Training and development

Staff members had received all the required mandatory training when they commenced operations. The centre manager maintained a record of all training undertaken by staff members. There was evidence that staff members were facilitated to attend training relevant to their work. The registered proprietor and the centre manager had also sourced training for staff to further develop the model of care operating in the centre.

The centre manager confirmed that refresher training for staff in behaviour management was scheduled in November 2019. The centre manager was trained to deliver this training. Six members of the team had completed first aid training however certificates to evidence this training was not on file at the centre. The centre manager had organised first aid training for the remaining team members in the coming week. The centre manager must ensure that all training certificates are secured in a timely manner and placed on the staff files.

The inspectors found there was no training evidenced on file for the two relief staff members. There was no evidence on file that the two relief staff had undertaken TUSLA e-learning Children First programme. The centre manager must ensure that all staff members including relief staff undertake this training prior to commencement of employment and this must be evidenced on file in the centre. Inspectors also found that the newly recruited staff members had not undertaken fire safety training however they have been made aware of the centres fire evacuation procedures on induction. The centre manager must ensure that the relevant staff receive fire safety training.

The centre manager maintained a record of all staff training and training needs were identified within the staff supervision process. There was evidence that a number of

staff were currently being facilitated by the organisation to complete post graduate training to achieve a recognised qualification in social care.

Administrative files

The centre maintained a range of registers, logs and records to facilitate effective management and accountability. Administrative records relating to the young person were stored securely. The inspectors reviewed a number of the administrative records in the centre and found these to be in good order however the records evidenced oversight by the deputy manager in most instances. There was some evidence of oversight by the external line manager. Overall the inspectors found that greater evidence was required of oversight of the administrative records by the centre manager and the registered proprietor.

The registered proprietor and centre manager confirmed that all records and files relating to the young people were stored in perpetuity. It was observed that files in the centre were maintained in line with the Freedom of Information Act, 2014 and stored securely.

The centre had clear financial management systems and records. The inspectors found that there were adequate financial arrangements in place and sufficient resources to meet the needs of the young person in placement. There were systems in place to evidence monies given to the young person for clothing and pocket money.

3.2.3 Practices that did not meet the required standard

None identified.

3.2.4 Regulation Based Requirements

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

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

Required Action

- The registered proprietor must ensure they maintain a written record of the quality of service management meetings and the agreed actions arising from these meetings.
- The centre manager must ensure that the deficits identified by the inspectors in the staff vetting process are rectified.
- The centre manager must ensure the supervision contracts are in line with the supervision policy, that all issues discussed in supervision are recorded with actions arising detailed and that supervision records consistently evidence an effective link between supervision and the implementation of individual placement plans.
- The registered proprietor must ensure that the centre manager receives regular formal supervision in line with the agreed practice and that a supervision contract is agreed and written records are maintained in a consistent manner and stored in a secure location.
- The centre manager must ensure that team meetings have a structured format and decisions taken at the meeting and learning outcomes are reflected in the staff meeting minutes.
- The centre manager must ensure that all staff members including relief staff undertake TUSLA Children First e-learning training prior to commencement of employment and this must be evidenced on file in the centre.
- The centre manager must ensure that new staff members receive the required mandatory training.
- The registered proprietor and the centre manager must provide more consistent and robust evidence of oversight of the administrative records.

3.4 Children's Rights

Standard

The rights of the Young People are reflected in all centre policies and care practices. Young People and their parents are informed of their rights by supervising social workers and centre staff.

3.4.1 Practices that met the required standard in full

Consultation

There was evidence that young people were provided with written information about the centre and about their rights on admission to the centre. The inspectors found that staff supported the young person to understand and exercise their rights through

key work/individual work and in the course of daily living. A review of the care files, observations of staff practice and meeting with young person in placement provided evidence that consultation with the young person was a regular feature of staff practice. The young person's views were reflected in key work records. The young person interviewed by the inspectors stated that staff listened to them and they had particular staff they could go to if sad or upset about something. There were structured weekly meetings with the young person where they were consulted about food, activities and any special requests for the week ahead. A record of house meetings were maintained on file and the young person's weekly schedule was displayed in the kitchen area. The inspector found the young person was consulted as part of their statutory care plan review process and participated in a recent statutory care plan meeting.

There was literature provided to the young person about the national advocacy group EPIC (Empowering Young People in Care) and there was evidence that key workers had explained the role of EPIC to the young person. An EPIC advocate informed the centre manager they would visit the young person in the centre in the near future.

3.4.2 Practices that met the required standard in some respect only

Complaints

The centre had a written complaints policy in place and written information for young people on their right to make a complaint about any aspect of their care. The inspectors found that there were a number of avenues open to the young person to raise complaints and dissatisfactions that they had. These included house meetings, key work sessions, regular contact with their social workers and an evident culture to promote the young people to express their views. The centre also had a complaints pro forma for young people should they wish to make a written complaint.

The inspectors found that the young person was able to express concerns and make complaints about their care. Staff interviewed understood the purpose of a complaints procedure and were familiar with the procedure for responding to complaints. The centre maintained a record of all complaints made by the young person in a separate section in the main care file. There were two complaints made by the young person and the records evidenced that staff responded appropriately to these complaints and supported the young person afterwards through individual work. The inspectors recommended that individual work undertaken with the young person following a complaint should be filed alongside the complaint on file.

There was no evidence of oversight of the complaints on file or that complaints were reviewed at team meetings for the purpose of learning. The centre did not maintain a dedicated centre register for recording complaints. The centre manager must have systems in place to monitor the incidence and outcomes of all complaints. The social worker stated that any issues of dissatisfaction raised by the young person were communicated to them by the centre staff.

Access to information

The centre had a written policy on young people's access to information however the inspectors noted that the young person's right to access information was not outlined in the young people's information booklet. The centre manager must amend the booklet to reflect their right to access information. There was evidence that the young person had access to their care plan and had signed the care plan. The young person was aware they could read their daily logs but declined to read the logs despite staff support. The inspectors advised that the team continue to develop their practice in this area and consider ways in which the young person could have planned and meaningful access to their care records as appropriate. There was evidence that staff shared information about the young person's care with relevant family members and other significant people in their life.

3.4.3 Practices that did not meet the required standard

None identified.

3.4.4 Regulation Based Requirements

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

Required Action

- The registered proprietor and the centre manager must have systems in place to monitor the incidence and outcomes of all complaints.
- The centre manager must maintain a separate record of all complaints.
- The centre manager must ensure all the rights of young people in care are reflected in the young people's booklet.

3.6 Care of Young People

Standard

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

3.6.1 Practices that met the required standard in full

Individual care in group living

The young person was living in a single occupancy arrangement therefore the programme of care and the centre routines were developed entirely around their specific needs. The inspectors found evidence that staff were strong advocates for the young person and planning for them was child centred. Staff interviews and centre records evidenced the efforts and input by members of the team to encourage and build positive and trusting relationships with the young person. This was apparent in the daily plans, weekly plans and placement plans for each of the young people. The young person had an opportunity to be involved in decorating their bedroom in accordance with their own preferences. The inspector found that staff made great efforts to facilitate the young person to participate in recreational activities with staff based on their individual preferences. Issues of personal hygiene were found to be dealt with sensitively and with dignity. The young person was expected to participate in daily routines and activities that provide them with opportunities to develop skills, and competencies necessary for adulthood.

The inspectors found that key work undertaken was based on the assessed needs identified in the placement plans. Inspectors found that staff were attuned to the emotional needs of the young person and were responsive to their presenting needs. A system for undertaking key work meetings was recently put in place to enable key workers plan, monitor and assess outcomes of individual work. It is recommended that the centre manager ensures a record is kept of all key worker meetings. Weekly written reports were forwarded to the social worker that outlined individual work and the young person's progress and weekly schedule.

Provision of food and cooking facilities

The kitchen in the centre was clean, spacious and was maintained to a good standard.

The young person was provided with a varied and nutritious diet and had access to healthy snacks in between mealtimes. There were regular routines where staff prepared lunch and dinner for the young person. The food planner was set out for the week ahead and the young person contributed to shopping, meal planning and food preparation. Staff placed emphasis on healthy food and they promoted healthy lifestyles for the young person. This was evidenced in key work and individual work.

Race, culture, religion, gender and disability

The service had a written policy on recognising diversity and anti-discrimination practice. The physical environment was homely and maintained to a high standard and provided the young people with a normal living experience. The staff displayed an awareness of the importance of family and significant others as a source of heritage and identity and facilitated and supported the young person to maintain family contact. The inspector found that staff offered the young person the opportunity to practice their religion.

Absence without authority

The centre had a policy and procedure for staff to follow in the event that a young person was absent without authority. Staff interviewed were familiar with the requirements of the Children Missing from Care: A Joint Protocol between An Garda Síochána and the Health Service Executive Children and Families Services, 2012. Unauthorised absences were not a feature of the young person's care. The young person had an absence management plan developed on admission in consultation with their social worker and the inspector found these plans were subject to regular review. The plan included who should be notified within specified timeframes.

3.6.2 Practices that met the required standard in some respect only

Managing behaviour

The centre had a written policy on managing challenging behaviour. The staff sought to understand problematic or challenging behaviour in the context of 'attachment seeking' or 'pain based' behaviour. The inspectors found that staff used their relationship with the young person, incentives and positive reinforcement to promote positive behaviour. The staff used natural and logical consequences to help the young person learn to behave in a less harmful, more effective, and more socially acceptable way. There were contracts and agreements that were developed in consultation with the young person in relation to the management of aspects of their care.

The young person had a comprehensive behaviour support plan designed to respond to and manage behaviours and staff interviewed were familiar with the agreed approach to managing behaviours that challenge. The inspectors found that complex and challenging incidents were competently managed by the staff team with appropriate follow up and oversight by the centre manager, social worker and other specialist support services. Behaviour support plans were comprehensive and staff were familiar with the agreed approach to managing behaviours that challenged. There was evidence that the behaviour support plans were reviewed and updated as required. De-escalation plans were well thought out and set out in the individual crisis management plans. The social worker confirmed they were familiar with the behaviour support plan developed by the centre staff.

There was evidence on the centre records and from staff interviews that staff received guidance and support from the centre's external consultants in the management of behaviour. It was evident that staff benefitted from this guidance in the management of complex behaviours and overall relationship building with the young person.

The centre had a written policy on sanctions that outlined permitted and prohibited sanctions. There was evidence on file that staff did not rely on sanctions to manage behaviour. There was one sanction recorded on the care file and this was signed by all staff involved. The inspectors found that sanctions and consequences were not recorded on a separate book for monitoring purposes and there was no evidence of oversight of sanctions and/or consequences for poor behaviour. Inspectors also found there was no record of oversight of the centre's behaviour management approach by the external manager.

Significant events were reviewed by the centre manager and the team both in team meetings and in supervision. There was evidence of reflective practice, direction and feedback to the team following reviews of significant events.

Restraint

The centre used a method of physical restraint that was researched and was based on reputable practice. The centre had a written policy on the use of physical restraint. Staff employed in the centre were trained in this crisis intervention model and refresher training was appropriately scheduled for the team. The individual crisis management plan outlined the permitted restraint interventions that were agreed with the allocated social worker. The inspectors found that physical restraint was not a regular feature of the care the young person experienced. The staff had not employed any physical restraint holds however they had employed blocking

techniques when required. All physical interventions were recorded on the significant event notification reports that were reviewed by the centre manager. The inspectors found that the centre required a separate register for recording all physical restraints and non-routine physical interventions to track and monitor such interventions.

3.6.3 Practices that did not meet the required standard

None identified.

3.6.4 Regulation Based Requirements

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

-Part III, Article 11, Religion

-Part III, Article 12, Provision of Food

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

Required Action

- The centre manager must ensure that all sanctions are recorded in a separate for monitoring purposes.
- The centre manager must ensure a separate book is maintained in the centre for recording all physical restraints and non-routine physical interventions and is closely monitored by the centre manager and the registered proprietor.

3.7 Safeguarding and Child Protection

Standard

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

3.7.1 Practices that met the required standard in full

None identified.

3.7.2 Practices that met the required standard in some respect only

The centre had written child safeguarding policies and staff interviewed were able to identify a range of polices that safeguarded children such as staff recruitment, staff code of practice, supervision, training, complaints, child protection and whistle blowing policies. One staff member had lead responsibility in the centre for

safeguarding practices and safeguarding policies were discussed with staff at team meetings. Staff interviewed displayed a good understanding of safeguarding young people. The deputy manager had attended external safeguarding training and the service planned to undertake this specific training with other staff members in the coming months.

The young person in placement had access to facilities for making and receiving telephone call in private and they had their own mobile phone. Where monitoring of phone calls was required the young person was aware of the reasons for this and this practice was subject to regular review with the allocated social worker. The young person had access to written information on EPIC the national advocacy group for young people in care and had regular contact with their social worker.

The inspectors found that staff interviewed were confident they could raise concerns about attitudes and practices of colleagues and were confident that such concerns would be responded to by their managers and they would be supported in this process.

The centre had a written child safeguarding statement displayed in a prominent place in the staff office in accordance with the requirements of the Children First Act, 2015. This statement was forwarded to the child safeguarding statement compliance unit. The inspectors found that staff interviewed were not sufficiently familiar with the statement in relation to the identified risks for young people living in centre and the strategies and policies in place to mitigate against these risks.

The inspectors found that staff were alert to known and potential risks as they related to the young person and had systems in place to evidence their management of identified risks.

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 a child protection policy however the inspectors found that this policy was not sufficiently updated to reflect the Children's First Act 2015 and Children First National Guidance for the Protection and Welfare of Children, 2017. The centre

manager must ensure the child protection policy is updated accordingly and that this is communicated to all staff members.

Staff received induction training on the child protection policy and updated policies were discussed at team meetings and in supervision. Staff interviewed were able to identify the centre's designated liaison person and deputy liaison person for the reporting of child abuse concerns. Staff were aware of the procedure to report all known or suspected concerns of abuse to the local social work duty team and report such concerns through the TUSLA portal. Staff interviewed were aware of measures to take in the event that young people disclose current or past abuse. Staff were aware of their responsibility as mandated persons under the Children First Act, 2015 however overall the inspectors found that more structured and formal training was required for staff in their understanding of the centres own policies and procedures in relation to child protection.

At the time of the inspection there were no mandated reports submitted in relation to the young person in placement. The inspectors advised that the separate record of all child protection and welfare concerns must also capture information about reported concerns that did not meet the thresholds for submission of a mandated report.

The social worker interviewed by the inspectors was satisfied that staff were alert to signs of abuse and were thorough in their assessment of known or potential risks for the young people in placement. The centre manager confirmed that it was agreed that the placing social workers would bring allegations of abuse to the attention of parents.

There was evidence on the training records that staff had completed the TUSLA Children First e-learning module.

3.7.3 Practices that did not meet the required standard

None identified.

Required Action

- The centre manager must ensure that all staff are familiar with the child safeguarding statement including the identified risks for young people living in centre and the strategies and policies in place to mitigate against these risks.

- The centre manager must ensure the child protection policy is updated to reflect the Children's First Act 2015 and Children First National Guidance for the Protection and Welfare of Children, 2017.

4. Action Plan

Standard	Issue Requiring Action	Response with Time Scales	Corrective and Preventive Strategies To Ensure Issues Do Not Arise Again
<p>3.2</p>	<p>The registered proprietor must ensure they maintain a written record of the quality of service management meetings and the agreed actions arising from these meetings.</p> <p>The centre manager must ensure that the deficits identified by the inspectors in the staff vetting process are rectified.</p> <p>The centre manager must ensure the supervision contracts are in line with the supervision policy, that all issues discussed in supervision are recorded</p>	<p>The registered proprietor will produce an agenda for monthly governance management meetings. To commence with immediate effect.</p> <p>The centre manager has rectified the situation with the staff vetting process.</p> <p>The centre manager has rectified the supervision contracts in line with the supervision policy and all staff have signed new supervision contracts. The</p>	<p>Minute of management meetings with actions and timescales will be recorded during the meetings, printed, signed by all attendees and filed confidentiality.</p> <p>Additionally, the registered proprietor has established a secure online document storage and retrieval system to allow for the monitoring of all required paperwork. Prior to starting work, all future staff will be required to provide vetting to BFFC Ltd if they have lived outside the Island of Ireland in addition to the Garda vetting process already in place.</p> <p>The new process has been put in place since the inspection and will be reviewed monthly as during the governance management meetings.</p>

	<p>with actions arising detailed and that supervision records consistently evidence an effective link between supervision and the implementation of individual placement plans.</p> <p>The registered proprietor must ensure that the centre manager receives regular formal supervision in line with the agreed practice and that a supervision contract is agreed and written records are maintained in a consistent manner and stored in a secure location.</p> <p>The centre manager must ensure that team meetings have a structured format and decisions taken at the meeting and learning outcomes are reflected in the staff meeting minutes.</p> <p>The centre manager must ensure that all staff members including relief staff</p>	<p>supervision recordings detail the issues discussed and evidence the link between supervision and the implementation of the placement plan.</p> <p>The registered proprietor has produced a written supervision contract which has been signed by the centre manager and registered proprietor. The contract clarifies the areas of supervision that will be addressed during monthly supervision meetings and those areas that will be addressed through external supervision. This has already been introduced.</p> <p>The team meetings have a written agenda. All future team meetings will be recorded electronically during the meetings. Discussions and decisions taken at the meetings and learning outcomes will be reflected in the staff minutes. This process commenced on 28/01/2020.</p> <p>All existing staff have completed the TUSLA Children First e-learning training.</p>	<p>Supervision records for the centre manager and deputy centre manager will be reviewed and catalogued during monthly governance management meetings.</p> <p>Minutes of staff meetings will be reviewed during monthly governance management meetings.</p> <p>Acquisition of the Children First e-learning certificate will form part of the pre-</p>
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	<p>undertake TUSLA Children First e-learning training prior to commencement of employment and this must be evidenced on file in the centre.</p> <p>The centre manager must ensure that new staff members receive the required mandatory training.</p> <p>The registered proprietor and the centre manager must provide more consistent and robust evidence of oversight of the administrative records.</p>	<p>All future staff will be required to complete the Children First e-learning training prior to commencing work.</p> <p>All new staff will receive the required mandatory training. The service has organised a rolling programme of training such as the behaviour management training which will be held every three months for all staff. Newly recruited staff members will complete behaviour management training as soon as practicable following commencement of employment.</p> <p>Following the inspection the registered proprietor established an administrative protocol for the centre manager and deputy manager. The protocol details a daily administrative system that constitutes a mandatory duty to ensure all administrative records are checked and signed by the centre manager and deputy centre manager. The system will also</p>	<p>employment documentation requirements for all new staff.</p> <p>Monitoring of mandatory training will be an agenda item for the governance management meetings.</p> <p>The review of the administrative protocol will be an agenda item for the governance management meetings.</p>
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		<p>ensure the consolidation of effective communication and the prompt implementation of corrective action.</p> <p>This system was implemented on 8/01/2020.</p>	
3.4	<p>The registered proprietor and the centre manager must have systems in place to monitor the incidence and outcomes of all complaints.</p> <p>The centre manager must maintain a separate record of all complaints.</p> <p>The centre manager must ensure all the rights of young people in care are reflected in the young people's booklet.</p>	<p>A new complaints log has been established and staff have been inducted on the proper use of the complaints log.</p> <p>The new complaints log will form a separate record of complaints.</p> <p>The rights of young people are being reflected in the new version of the young people's booklet to be completed by 20th February 2020</p>	<p>The review of the complaints log will be an agenda item for the governance management meetings.</p> <p>As above.</p> <p>The young people's booklet will be reviewed periodically during team meetings and with young people at house meetings to ensure that it is relevant, comprehensive and easily understood.</p>
3.6	<p>The centre manager must ensure that all sanctions are recorded in a separate for monitoring purposes.</p>	<p>The centre manager has developed a new sanctions log which was implemented following the inspection of 9th and 10th October 2019. All staff have been inducted in the purpose and proper use of the record of sanctions.</p>	<p>The review of the sanctions log will be an agenda item for the governance management meetings.</p>

	The centre manager must ensure a separate book is maintained in the centre for recording all physical restraints and non-routine physical interventions and is closely monitored by the centre manager and the registered proprietor.	The centre manager has developed a new log for recording all physical and non-routine physical interventions has been started (in addition to that recorded in significant events logbook).	All staff are familiar with the purpose and function of the sanctions log. A review of this log will be an agenda item of the monthly quality assurance management meetings
3.7	<p>The centre manager must ensure that all staff are familiar with the child safeguarding statement including the identified risks for young people living in centre and the strategies and policies in place to mitigate against these risks.</p> <p>The centre manager must ensure the child protection policy is updated to reflect the Children's First Act 2015 and Children First National Guidance for the Protection and Welfare of Children, 2017.</p>	<p>The centre manager has ensured that all staff have read and understood the Child Safeguarding Statement. The staff are aware of the risks for young people living in the centre through risk assessments carried out in relation to activities, etc. Staff are aware of the strategies and policies to mitigate risk and use the systems in place such as the on-call management for any advice and support they may need in managing risk.</p> <p>All policies and procedures are due to be revised in February 2020 and the Child Protection Policy will be updated by 20th February 2020</p>	<p>Staff are reminded to re-read the policies and procedures file at each supervision session. Policies and procedures are also brought to team meetings on occasion when attention is to be drawn to policies or procedures.</p> <p>Policies and procedures are reviewed periodically to ensure that they are fit for purpose. The next review will be in February 2020.</p>