



An Ghníomhaireacht um  
Leanaí agus an Teaghlach  
Child and Family Agency

## Registration and Inspection Service

### Children's Residential Centre

**Centre ID number: 017**

**Year: 2016**

**Lead inspector: Lorna Wogan**

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

## Registration and Inspection Report

<b>Inspection Year:</b>	<b>2016</b>
<b>Name of Organisation:</b>	<b>Gateway Organisation Ltd</b>
<b>Registered Capacity:</b>	<b>Two young people</b>
<b>Dates of Inspection:</b>	<b>5<sup>th</sup> &amp; 6<sup>th</sup> December 2016</b>
<b>Registration Decision:</b>	<b>Registered without attached conditions from 18<sup>th</sup> December 2016 to 18<sup>th</sup> December 2019</b>
<b>Inspection Team:</b>	<b>Lorna Wogan Noreen Bourke</b>
<b>Date Report Issued:</b>	<b>24<sup>th</sup> March 2017</b>

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## 1. Foreword

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

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

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

The Department of Health and Children’s “National Standards for Children’s Residential Centres, 2001” provides the framework against which inspections are carried out and provides the criteria against which centres structures and care practices are examined.

Under each standard a number of “Required Actions” may be detailed. These actions relate directly to the standard criteria and or regulation and must be addressed.

The centre management are expected to complete a written implementation timetable and details of their proposed actions in response to the findings of this report. This action plan is expected to address any short fall in the centres compliance with regulation or standards and will be used to inform the registration decision.

## 1.2 Methodology

An application was duly made by the proprietor of this centre for continued registration on October 28<sup>th</sup> 2016. The current registration was dated from 19<sup>th</sup> December 2013 to 18<sup>th</sup> December 2016. The announced inspection took place on December 5<sup>th</sup> and 6<sup>th</sup> 2016 over a two day period and this report is based on a range of inspection techniques including:

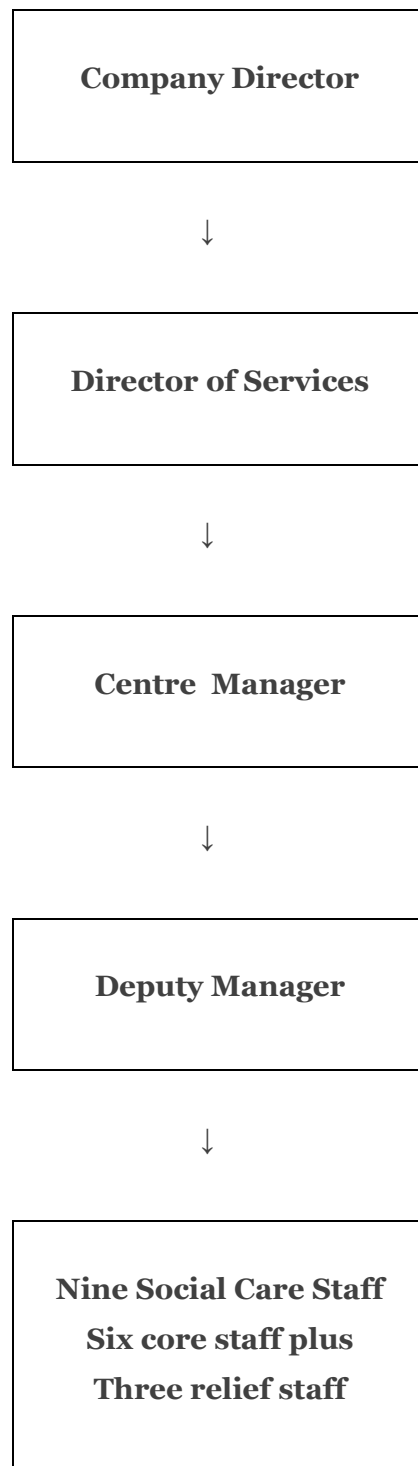
- ◆ An examination of the centres application for registration
- ◆ An examination of pre-inspection questionnaire and related documentation completed by the centre manager
- ◆ An examination of the questionnaires completed by:
  - a) Nine social care staff
  - b) The young people residing in the centre
  - c) The young people's key-workers
  - d) The centre manager
  - e) The deputy manager
  - f) The director of services
  - g) The chairperson of the expert advisory group
  - h) The programme coordinator
  - i) The guardians ad litem appointed to the young people
- ◆ An inspection of the premises and grounds using an audit checklist devised by the Health and Safety and Fire and Safety officers of HSE on our behalf
- ◆ An examination of the centre's files and recording process
- ◆ An examination of the most recent report from the monitoring officer
- ◆ Interviews with relevant persons that were deemed by the inspection team as to having a bona fide interest in the operation of the centre including but not exclusively
  - a) The director of services
  - b) The centre manager
  - c) The deputy manager
  - d) The programme coordinator

- e) Two social care staff including key-workers for young people
  - f) The supervising social worker for both young people
  - g) The young people in placement
  - h) Parents of both young people in placement
- ◆ Observations of care practice routines and the staff/young people's interactions.

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

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

## 1.2 Organisational Structure



## 2. Findings with regard to registration matters

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

The findings of this report deem the centre to be operating in adherence to regulatory frameworks and the National Standards for Children's Residential Centres.

As such it is the decision of the Child and Family Agency to register this centre without attached conditions pursuant to Part VIII, Section's 61 (6) (A) (i) of the 1991 Child Care Act. **The period of registration being from the 18<sup>th</sup> December 2016 to 18<sup>th</sup> December 2019.**



## 3. Analysis of Findings

### 3.1 Purpose and Function

#### **Standard**

The centre has a written statement of purpose and function that accurately describes what the centre sets out to do for young people and the manner in which care is provided. The statement is available, accessible and understood.

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

The centre had a written statement that defined its purpose and function, specified the population it catered for and the service it aimed to provide. The written statement also described the provision of care, the approach to care practice and the placement planning process implemented in the centre. This document was reviewed on annual basis by the centre manager and the director of services and was last reviewed on January 14<sup>th</sup> 2016. A user friendly leaflet describing the centre was available to the young people and their families. The centre had written policies and procedures that guided work at the centre.

The centre provided care for young people who were identified by statutory agencies as being at significant risk of adversity. The centre applied for continued registration to provide medium term care for up to two young people aged between 8 and 14 years. There were two young people in placement at the time of the inspection. One young person was three years in placement and the other young person was over two years in placement. In order to facilitate the second admission to the centre the director applied to the registration service to extend the upper end of the age range specified on the registration. The registration service was satisfied that the relevant and appropriate risk assessments were undertaken by social work services and the residential provider prior to this admission. The service was granted approval to accommodate this young person for the duration of their placement in the centre.

Overall the inspectors found the day to day operation of the centre was reflected in the written statement of purpose and function. There was evidence that young people, parents, significant family members, social worker and other external professionals were made aware of the purpose and function of the centre prior to their admission. A user friendly information leaflet about the centre was made available to young people on admission. A young person's handbook provided information on the centre and the young people confirmed they were provided with a copy of the book on admission.

The statement outlined the approach to working with young people and is informed by attachment and resilience theories. The centre also offered an evidenced-based approach to 'What Works' in residential care. This assessment identified both protective and risk factors and updated assessments were on file for both young people. The services educational/forensic psychologist provided clinical oversight of the programme. Specific training in relation to the application of attachment based approaches was provided by an external consultant with expertise in the area of attachment. Additional aspects of the programme focused on providing a safe environment, access to positive role models, emotional support and provision of nurturing care, education and opportunities to learn and develop the required skills for independent living. Following staff interviews and a review of centre records inspectors found that the core principles of practice were based on empathy, positive regard, understanding trauma and attachment.

The inspector found the young people had good quality of life. There were good relationships formed between staff and young people. The young people were integrated into their school and local community. There was evidence that the young people had made significant progress in the centre and had benefitted from the care they received. This view was supported by the social work team and other external professionals who contributed to the inspection process.

Staff evidenced knowledge of the statement of purpose and function and the approach to working with young people. They provided examples of how they implemented this approach in the day to day care of the young people in placement.

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

None identified.

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

None identified.

## 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's register of admissions and discharges was accurate, up to date and was held in line with the requirements of the child care regulations. Placement details were also forwarded to the local Tusla area manager and the monitoring officer. The centre register recorded two admissions. There were no discharges from the centre since initial registration in 2014.

#### **Notification of Significant Events**

The inspector was satisfied that the centre had a prompt notification procedure in place that provided comprehensive details in writing of any significant event relating to the young people. There was evidence that the centre manager reviewed all significant event reports and provided guidance and direction to staff in terms of the care approach and the management of the event. There was evidence that advice and guidance from external therapeutic advisors was recorded on the significant event reports. Written reports on significant events were forwarded to the social worker, the local monitoring officer, the director of services, the programme coordinator and other relevant parties as agreed. Significant event reports were maintained on the individual care files. The centre maintained a log of all significant events and inspectors were able to cross reference reports on file from the logbook. From January 2016 to date of the inspection there were four significant events relating to one young person in placement and thirteen significant events relating to the other resident. There were eight occasions where physical restraint was employed to support one of the young people. All staff involved in the restraints had the required training to undertake the physical interventions. Life space interviews with the young person were evidenced on the significant event report. The social worker was satisfied that they received prompt notification of all significant events relating to the two young people in placement. The inspectors require the centre manager and the

social care staff to put their signature on the file copy of significant event reports to evidence that they are satisfied it is a true and accurate account of the event.

### **Supervision and support**

Communication between the centre manager and the staff team was clear, regular and of good quality. Daily handovers occurred. One of the inspectors attended a handover meeting that was well structured and facilitated good communication and planning processes. Team meetings were undertaken on a monthly basis and the recovery plans, placement plans and individual crisis management plans were reviewed and updated at each team meeting. There was evidence of good attendance at all team meetings. On-call support was delivered to the staff team on a rotational basis outside of office hours by the centre manager and other managers within the organisation.

The director of services provided regular supervision to the centre manager and the inspectors viewed the record of these supervision sessions. There was evidence the director of services provided support and guidance to the centre manager in their role.

The centre manager and the deputy manager provided regular staff supervision in compliance with centre policy. The deputy manager supervised three staff members and the centre manager provided supervision to all other staff. The centre manager and deputy manager had recently undertaken recognised training in the provision of staff supervision which they found to be very beneficial in terms of strengthening the supervision process. Supervision training for supervisees was scheduled for team members in December 2016.

The inspector examined five staff supervision files. The records evidenced that staff receive formal supervision every four to six weeks. The supervision schedule was displayed in the staff office. There was evidence staff were provided with more frequent supervision if and when required. Supervision contracts were established with all staff members. There was an expectation that all staff members prepared for supervision and actively contributed to the process. A new supervision recording template had been introduced in the centre that enabled the staff and the centre manager to effectively engage in the supervision process.

The centre manager was well supported in her role and was confident in her approach to supporting and guiding practice at the centre. Staff interviewed stated that the centre manager was accessible to them on a daily basis and provided guidance and direction. There was a culture within the team of reflecting and de-

briefing after every shift and staff stated this was an effective support mechanism within the team.

### **Training and development**

There was an effective ongoing staff development and training programme for the care and education of staff. The centre manager maintained a training log that outlined all training undertaken by staff and dates when refresher training was required. Supervision records identified additional staff training requirements. Core training in the management of behaviours that challenge, child protection, fire safety training and first aid was provided to the team. Staff members had undertaken attachment training with the services attachment specialist. Staff had received training in the safe administration of medication and food hygiene training. Staff members were facilitated to attend HSE training in supporting young people who self-harm and suicide information skills training. Child protection training was scheduled twice a year within the organisation to ensure all staff were aware of the procedures for the reporting and management of child protection concerns. The next scheduled date for this training was 12<sup>th</sup> December 2016 and some members of the team were due to participate in this training. The centre manager stated that the director of services supported staff training and development.

### **Administrative files**

The centre recording systems were organised and maintained in a manner that facilitated effective management and accountability. Information on the individual care file and the key-working file was accessible and stored in an organised manner. Records were well written and decisions taken by the staff team and/or social worker were recorded at the centre. The individual care files and personal information was stored in a secure manner. Electronic records were password protected. There was evidence that the centre manager and the director of services monitored the quality of all centre records. Staff stated that they had sufficient financial resources to care for the young people and to provide recreational and educative programmes for them. There were clear financial management systems and records in place to account for monies spent.

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

#### **Management**

There was a clear management structure in place and the centre was well managed. At the time of the inspection the manager was in post for twelve months however they had only two and a half years post qualifying experience at the time of their appointment. The manager had previously worked in the centre prior to their

appointment. It is a requirement of the registration and inspection service that centre managers have five years post qualifying experience however the inspectors were satisfied that there was robust supervision processes and mentoring supports in place from external managers to monitor and guide the centre manager in the role until they achieved the required five year post graduate experience in June 2018. The previous centre manager transferred to another centre within the service in December 2015 and provided mentoring support for the new manager since this time. There was evidence of regular communication between the centre manager and the allocated mentor.

There was evidence that the centre manager provided leadership in relation to care practice within the centre and was confident and professional in the role. The centre manager had completed two modules of a management skills course. There was evidence that the centre manager monitored and guided practice at the centre through conducting regular team meetings, formal supervision of staff, reading and signing daily records, reviewing significant event reports and observation of staff practices. The centre manager was supported in their role by a deputy manager who was in the post twelve months at the time of the inspection. The deputy manager had the required social care qualification and the required three years post graduate experience on appointment.

There were appropriate external management structures in place to oversee the work of the centre. The director of service visited the centre periodically and reviewed registers and administrative records. The director of services also received monthly reports from the centre manager. These reports captured a range of information in relation to the operation of the centre and the care of the young people in placement. The centre manager participated in monthly management meetings where issues relating to staffing, policies and procedures, training and report writing were discussed.

Staff interviewed by inspectors were familiar with the external line management structure and had contact details for the external line managers. The company director had an established advisory group to support them in the overall governance of the service.

There was evidence that the organisation notified the Tusla Child and Family Agency monitoring officer in writing of changes in management at the centre in accordance with the regulations.

## **Staffing**

The centre had adequate and sufficient levels of staff to fulfil its purpose and function. The roster reflected that there were ten members of staff (including the deputy manager) eight female and two male staff members. The core team comprised of seven staff supported by three regular relief staff. Two staff provided twenty four hour cover and a third member of staff was on duty during the day to provide a 2:1 staff ratio for one young person. Nine staff members had the required social care qualification and one staff member had a relevant equivalent qualification. Five of the nine staff members had worked in the centre between two and three years however inspectors noted there were some occasions whereby two staff with limited experience worked on duty together. The centre manager must ensure there is a balance of experience to inexperienced staff on duty at all times.

The staff team displayed the ability to communicate effectively and had established positive and caring relationships with the young people in placement. Contracts were being updated at the time of the inspection however all staff had contracts of employment and staff were provided with an employment handbook.

The inspector examined the staff personnel files. The inspector was satisfied that all staff members had been appropriately vetted prior to taking up employment in the centre. Garda vetting and police checks from other jurisdictions were evidenced on the files. Three references were on file for each staff member. Inspectors noted that the profession/role of the referee and organisation they represented was not always identified on the references. The director of service must review the reference template to ensure this information is captured on the reference pro forma. There was evidence the centre manager audited all personnel files. There was evidence that identified gaps in education or employment history were accounted for during the interview process. Four members of the team left the centre in the past two years. One staff member moved to a new role within the service, one returned to college and two staff secured alternative employment. Exit interviews were conducted by the centre manager and placed on file. The inspector found the team to be cohesive and consistent in their approach and they worked well together.

Induction training was provided for new staff members. New staff members had the opportunity to 'shadow' core staff prior to working on the rota. Staff confirmed they were satisfied they had been provided with sufficient training and support to enable them to undertake their role within the centre.

### **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 director of service must ensure that centre manager applicants have five years post qualifying experience on appointment.
- The centre manager must ensure there is a balance of experience to inexperienced staff on duty at all times.
- The director of service must review the reference template to ensure that information in relation to the profession/role of the referee and organisation they represent is evident.



### 3.3 Monitoring

#### ***Standard***

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

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

The support inspector assessed this standard as the lead inspector also undertook the monitoring function under the Child Care (Placement of Children in Residential Care) Regulations, 1995. The centre manager was aware of the dual role undertaken by the inspector/monitoring officer and was able to distinguish the difference between the two roles. The monitoring officer had undertaken eight monitoring visits to the centre in the previous twelve months. One unannounced visit was undertaken during this period. The most recent monitoring report was completed on April 29<sup>th</sup> 2016. The monitoring officer was satisfied that all fifteen recommendations arising from this report were addressed. There was evidence that recommendations highlighted in the monitoring reports were acted upon and thus contributed to ensuring the centre's compliance with regulations, standards and best practice.

Dates for monitoring visits to the centre were set out in the monitoring officer's work plan and notified to the centre. Monitoring visits were undertaken every six weeks approximately. The monitoring officer met with the staff and the young people on visits and read the records held at the centre. The monitoring officer had regular telephone contact with the placing social worker and guardians ad litem.

The monitoring officer was satisfied they received prompt notification of all significant events. There was evidence that the monitoring officer responded to notifications and sought clarification in relation to matters arising from such notifications. There was evidence that the monitoring officer read records of sanctions, physical restraint, complaints and unauthorised absences and discussed issues arising from these records with the centre manager and the director of services.

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

None identified.

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

None identified.

### 3.3.4 Regulation Based Requirements

The Child and Family Agency has met the regulatory requirements in accordance with the *Child Care (Placement of Children in Residential Child Care) Regulations 1995, Part III, Article 17, Monitoring of Standards.*

## 3.4 Children's Rights

### **Standard**

The rights of 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**

The young people had good access to advocacy both internally from staff and also by their social worker and court appointed Guardian ad litem. There was evidence of good consultation with the young people. Young people were consulted with regard to their care planning and matters affecting their lives with due regard to their age and level of understanding. There was evidence that formal house meetings were undertaken on a fortnightly basis and the young people and staff contributed to the agenda. There was evidence that the young people engaged well in house meetings and it was a productive forum. Minutes of these meetings were displayed in the staff room and the more recent records evidenced the decisions taken at the meeting and feedback to the young people. The team responded well to suggestions made by the young people, their families and others and where necessary changes were made to improve the quality of life for young people.

The young people were involved in their care planning meetings. The care plan reviews were alternated between the placing area and the location of the centre to facilitate the young people to attend their review if they wished to do so. The young people generally attended their care reviews when they were scheduled locally. Decision relating to their care was discussed with them in an open and honest manner. There was evidence that the young people and their parents were fully consulted within the care planning process, in the development of the care plans and the leaving care plan in respect to one resident.

There was evidence that the staff team listened to the young people's views and accommodated their point of view in placement planning and approaches to

supporting their in care. The young people acknowledged this fact. Equally when decisions were made by staff that the young people did not agree with, the rationale behind making these decisions was explained to them and this was evidenced in individual and key-work reports and in the minutes of house meetings.

### **Complaints**

The centre had a written complaints procedure for young people and had systems in place to record complaints and grievances. Complaints were listened to and were acted on in a timely manner by the centre manager. Young people were informed of the complaints process and were aware of how to make a complaint. The young people were provided with a form where they could set out their complaint and a stamped addressed envelope to post complaint to someone external to the centre. There were two complaints on the complaints register one made by a young person and one by a parent. The records outlined that complaints raised were resolved locally, feedback was provided to complainants and it was noted on the complaints log that complainants were satisfied with the outcome. The social worker was notified of each of the complaints and informed of the resolution/outcome. The director of services reviewed the complaints log on visits to the centre. Staff members interviewed understood the purpose of having a complaints procedure in place.

### **Access to information**

The centre had a written policy on young people's access to information. The young people were aware of their right to access information and the young people told inspectors they had accessed their daily logs. Inspectors viewed the care plans which reflected that young people were consulted and they were empowered to contribute to the decisions taken about their lives. The logs had been signed by the young people. Information on the rights of young people in care was explained to the young people in the course of individual key-work. Young people had been provided with child-friendly booklets when they were first placed in the centre that provided information about the centre, their rights and information on EPIC (Empowering People in Care) which is a national agency that advocate for young people in care. An EPIC advocate for the West visited the centre in July 2016 and met with the young people.

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

None identified.

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

None identified.

### **3.4.4 Regulation Based Requirements**

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

## **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 supervising social worker allocated to both young people in placement was satisfied that the placement was suitable to meet their needs. The young people informed the inspector they were settled in the centre and overall had positive relationships with the staff. The young people in placement were aware of the purpose of the placement and were familiar with their care plan. The young person preparing for leaving care was aware of the aftercare options available to them and these were identified on the written leaving care plan. There were a number of professionals engaged with the young people who assisted the staff team in supporting the young people in placement.

The centre had a written policy and agreed procedures for processing admissions to the centre. Admissions to the centre were considered by the director of services, the educational psychologist, the programme co-ordinator and the centre manager and the team. The admission process for the young people in placement was well planned and pre-admission visits to the young people were undertaken prior to their admission. The supervising social worker provided the centre with adequate information about the young people in advance of the placements. There were a number of pre-placement planning meetings with relevant professionals and significant family members prior to the young people's admission to the centre.

### **Contact with families**

The inspectors found that the staff recognised the value of family contact and worked as closely with families as possible. There was a significant emphasis in the care planning and placement planning process to support, maintain and develop family relationships. The team worked hard to ensure that contact and communication between the young people and their family and home community was maintained despite the distances involved. Families visited the centre and stayed in local hotel accommodation to facilitate extended contact. The young people were encouraged and facilitated to have friends visit the centre and the young people were facilitated to stay over with friends subject to appropriate risk assessments and consultation with their social worker. There was a schedule of visits planned and set out in writing with their respective siblings and parents and they young people were aware when these visits were to take place. The young people also had regular telephone contact with family members and staff encouraged letter writing for one of the young people as a means of keeping in touch with a parent. Staff and social workers were respectful of the wishes of one of the young people in relation to whether they chose to visit with family members.

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

The young people had considerable stability in terms of social work support over the past number of years. At the time of the inspection there were plans in place for the youngest resident to transfer to the long term social work team. The young person was informed they would be getting a new social worker and this had been sensitively explained to them. The young person informed the inspectors that they would continue to see their former social worker when they visited the other resident at the centre so the change would not be so bad!

There was evidence the social worker visited the centre on a monthly basis and met with the young people individually and in private to discuss their ongoing care requirements. The social worker also ascertained their views on the care they received in the centre.

### **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.

### **Social Work Role**

The young people in placement had an allocated social worker as required. Communication and collaboration between the social worker and the centre manager and staff was clear and effective. Comprehensive weekly reports from the centre were forwarded to the social worker. The social worker received copies of absence management plans and individual crisis management plans. Inspectors found evidence that records kept in the centre relating to the young people were regularly reviewed by the social worker. The social worker was satisfied they received prompt notification of all significant events. Inspectors found evidence that where issues of concern were raised by the social worker these were responded to in an open and prompt manner by the centre.

The centre maintained a record of all contact with the social worker. Information detailing the nature of the contact and decisions agreed as a result of the contact was maintained on each individual care file.

The social worker was satisfied the young people were safe and secure in placement. They had no concerns about the standard of care the young people received.

### **Emotional and specialist support**

The quality of emotional care and support for young people was good. Staff identified the need for the young people to be provided with additional specialist support external to the support provided within the centre. The team in conjunction with the social worker worked well to ensure the young people had access to the supports identified in their care plans such as play therapy and psychological services. Inspectors found the young people were supported by the staff team at times of crisis. Both young people had access to psychological support. Key-workers completed good quality work with young people in relation to supporting their emotional well-being and dealing with stress in their lives. Life story work was undertaken with the young people and the team had completed hand-crafted 'positive books' for each of the young people.

### **Preparation for leaving care**

Inspectors found there was good planning in relation to preparing one of the young people for leaving care. The young person was satisfied with the options they had been offered with regard to future accommodation. The parent interviewed was familiar with the leaving care plan. The date for the final care planning meeting had been scheduled and the leaving care plan was on file at the centre. There was evidence that considerable time was given to assist the young person to consider the aftercare options available to them and the views of the young person had been considered and respected.

There was evidence the staff team had undertaken a considerable amount of work to prepare the young person for moving from the centre. The young person was provided with opportunities to budget money for food, shop for food/clothes and prepares meals during the week. The key-workers had a structured programme of work to assist the young person in preparing for leaving care.

### **Discharges**

The centre had a written policy on discharges indicating its commitment to ensuring that young people leave the centre in a planned and structured way that is in accordance with their statutory care plan. There were no discharges from this centre to date. The centre manager was aware of the requirements to record the relevant information on the centre register on discharge.

### **Aftercare**

The young person had an allocated leaving and aftercare worker that met with them on a regular basis. The young person was provided with written information about the aftercare service and the supports available on leaving care. An application was made by the social worker for funding to provide additional support for the young person from centre staff for a specified period after leaving care.

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

The young people's files contained information as required by the regulations for example copies of relevant care orders, birth certificates and up to date care plans. The care records also contained relevant health information, immunisation history, school progress reports, and records of visits by social workers, family and other professionals. The young people's current files were stored securely. Inspectors advise that staff members record all names in full on files and their relationship to the young person rather than using initials only.



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

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

The placements were supported by a comprehensive written statutory care plans developed by the supervising social worker in consultation with the relevant professionals, parents and young people. The statutory care plans were developed in accordance with the requirements of the regulations and were updated following the statutory care plan reviews. Statutory care plan reviews were conducted every three months for one young person as they prepared for moving into aftercare services and monthly reviews were conducted for the other resident in compliance with the national requirements for children aged twelve years and under in residential care. Despite regular reviews occurring on the planning for one of the young people's care and the care plans being of good quality the onward planning for one young person required improvement. There were delays in meeting the overall objective of identifying a foster care placement for this young person. While it was evident that efforts had been made by the social worker to achieve this objective no definite option had been found.

The updated care plans and the key-workers report to the review meetings were on file at the centre. The young people's parents confirmed to the inspector that they were invited to participate in the review process and were provided with a written copy of the care plan and the decisions taken at the statutory reviews. On request of one young person the social worker recently provided them with a copy of their written care plan.

The staff team had developed comprehensive recovery plans and placement plans based on the identified needs arising from the care plan. Placement plans were forwarded to the supervising social worker. Individual work arising out of the placement plans was allocated to individual members of the team. There was evidence that the placement plan and the focus of therapeutic work was subject to review and updated by the key-workers. The programme co-ordinator attended staff meetings and facilitated key-work meetings to review key-work and individual work, to provide direction and guidance in relation to aspects of the key-work and to ensure the on-going effectiveness of the recovery plan and the placement plan. An overview report was completed every three months to review the work arising from the placement plan. There were robust systems in place to monitor and support individual work and key-work. The key-workers maintained key-work files for each of the young people. The inspectors reviewed the key-work file with one of the key-workers during the inspection process.



The What Works assessment had been completed in respect of both residents and had been updated as required. Copies of the What Works assessment were held on the key-work files and the staff programme of work arising from the assessment is supported by the programme coordinator.

A key-work file was maintained and this provided key-workers with easy access to documents relevant to the placement planning and key-work process for the purpose of review at the monthly key-work meetings. Key-work and individual work reports were maintained on the care files. These reports could be further enhanced by recording in summary the outcome of the key-work session.

Written reports were forwarded by the centre manager to the social worker on a weekly basis. These reports outlined the young people's engagement with the care programme and outlined areas of progress and concerns that arose during the week.

The young people had up to date good quality individual crisis management plans. Individual risk assessments and safety plans were completed as and when required and reviewed regularly by staff and the centre manager.

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

None identified.

### **3.5.4 Regulation Based Requirements**

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

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

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

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

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

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

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

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

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

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

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

## **Required Action**

- The social worker must ensure that the objective of identifying a foster care placement for this young person is carried out as a matter of priority.
- 

## **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**

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

Staff encouraged the young people to eat healthily and as a result the young people had a nutritious and varied diet. There was a wide variety of healthy food available in the centre. The young people had the opportunity to choose what meals they would like for the week and were involved with staff in weekly menu planning. The young people occasionally helped staff to prepare meals in the centre. Meal-times were sociable occasions whereby the young people and staff shared their meal and stories of their days. Inspectors observed that staff ensured that young people had their dinner earlier on days where they had appointments or activities.

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

The centre had a written policy on anti-discrimination practice. Inspectors found that the staff ensured in so far as possible that the young people enjoyed the same opportunities as their peers in the community. The young people were supported to practice their religion. The younger resident had attained the required religious milestones and was actively involved in the local church community. The young people living in the centre did not place any particular requirements on the centre to address specific cultural requirements with regard to food or particular ethnic practices.

#### **Managing behaviour**

Staff interviewed were confident in their approach to managing behaviours that challenge. Behaviours that challenged were managed well. All staff were trained in a

model of behaviour management. It was evident that the staff team regularly discussed behaviours that challenged at their handover and team meetings so that the team were consistent in their messages to the young people around the expectations of their behaviour while in the centre and in the staff team's management of behaviour.

The staff team also utilised a number of plans to ensure the young people's behaviour was appropriately managed such as, individual crisis management plans, absence management plans, risk assessments and recovery plans. The individual crisis management plans were updated regularly and reflected any changes in approach where required.

Team consultation with the centre's attachment specialist provided opportunities for the staff to reflect on the young people's presentation and further develop their responses to the young people based on their presenting needs.

There was evidence that individual work and key-work was undertaken with the young people to help them gain a better insight and understanding around their challenging behaviour. Significant event notifications record the follow up life space interview with the young people following an episode of challenging behaviour.

There was evidence that the staff team did not rely on consequences as a means of managing behaviour's that challenge. The inspectors found that the team relied on relationship building and good role modelling as a core feature of their practice. Where consequences were employed they were related to the behaviour and there was a learning outcome for the young person. Positive behaviour was rewarded and acknowledged. Inspectors found that consequences for poor behaviour was reasonable and age appropriate.

### **Restraint**

The centre used a method of physical restraint that had been researched and was based on reputable practice. There was a written policy on the use of physical restraint and inspectors found that it was applied in a way that was consistent with the requirements of the policy. The individual crisis management plans for the young people in placement indicated whether physical restraint could be employed to support behaviour that challenged and the specific restraints permitted were identified on the plan. There had been one incident where physical restraint had been employed over the past sixteen months.

A record of other approved TCI physical interventions such as blocking techniques and protective stances was maintained at the centre.

There was one physical restraint intervention recorded on the register and this restraint had been reviewed by the TCI trainer and the centre manager, however there was no evidence of the review on file. While there were systems in place to monitor and review incidents where physical restraint was employed the inspectors did not see evidence of this review on the young person's file. The inspectors require that where TCI interventions are reviewed by the TCI trainer in the context of a significant event this review should be evidenced on the file copy of the significant event report.

Staff members had completed the required refresher training and foundation training in the use of physical restraint.

The social workers were familiar with the individual crisis management plans in operation in the centre.

### **Absence without authority**

The staff were familiar with the Joint National Protocol for Children Missing from Care and with the procedure for reporting a child missing from care. Absent management plans had been developed in respect of each young person and had been signed by their respective social workers. There were no incidents of unauthorised absences from the centre since its initial registration.

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

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

Following interviews with staff members and reviewing the practices within the centre the inspectors found that the young people received a good standard of care from a committed and dedicated team. However, inspectors were not satisfied that the young people's individual bedrooms were maintained to a satisfactory standard. One of the young people's bedrooms required de-cluttering and a deep cleaning and another young person had insufficient storage space and his bedroom was untidy in appearance. The inspectors requested that the centre manager address this issue as a matter of priority. The lead inspector returned to the centre within a week of the inspection and was satisfied that the bedrooms met the requirements of the standards and there were monitoring processes in place to ensure young people's bedrooms are maintained to a good standard.

Birthdays and special occasions were celebrated and this was evident on the records. Inspectors found that both young people had very busy schedules and they were both provided with opportunities to develop their talents and interests. They participated in a range of activities in the local community including youth clubs, swimming and football. Friendships were encouraged and promoted and friends were welcome to visit the house. The achievements of the young people were marked and celebrated. Staff members encouraged the young people to try out new activities and expand their interests and develop their self-confidence. The routines of the house were planned around the activities of the young people. The young people had appointed key-workers. The young people were familiar with their key-workers and told the inspectors about the role of the key-worker. The young people were able to identify a number of staff members they would talk to or seek out if they were upset or worried about something.

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

None identified.

### **3.6.4 Regulation Based Requirements**

The centre has/has not 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 regular audits on the young people's bedrooms are carried out.

### 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**

Inspectors found that the young people were safe living in the centre. There was evidence that the young people were appropriately monitored and supervised by staff. The staff members applied effective safeguarding practices and inspectors found evidence of interventions which promoted the protection and safety of the young people. Staff were able to identify safe care practices however given the age of one of the young people in placement and the support the youngest child required undertaking personal care routines the centre manager must develop an intimate care policy and intimate care plan to ensure there are robust safe care practices in place.

Outings and activities were regularly risk assessed by staff to ensure safety for all. There was evidence that the young people were reminded to respect each person's right to privacy. There was evidence that the staff were clear with the young people in their expectations of them and the young people understood what was expected of them.

There was evidence that centre staff placed a lot of emphasis on keeping the young person safe and teaching the young person about personal safety.

There was a whistle-blowing policy in place. Staff interviewed were clear about the reporting procedures in the event that they had concerns about a colleague's practice.

The centre maintained a log of all accidents and injuries sustained by the young people and body maps were used to identify where injuries were noted.

#### **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 comprehensive written policy and procedure document in relation to child protection, which was overall consistent with the national guidelines set out

in Children First 2011. This policy was signed by staff on an annual basis to indicate that they had read and understood the policy.

The centre manager was the designated liaison officer for reporting child protection concerns and information on this role was displayed in the staff office. The on call manager was the deputy liaison person. Members of the team interviewed by inspectors were clear on their obligation to report child protection concerns to the centre manager or to the local duty social worker or Gardaí where required. 'Children First' training and refresher training was provided for the team twice per year so staff training was either scheduled and/or up to date.

The centre records showed four child protection concerns were reported since 2014. There was evidence that these reports were acknowledged by social work and in all but one report the outcome was evident on file. The centre manager must follow-up with the social worker and ensure the outcome of the concern raised is recorded on file at the centre.

Child protection concerns and complaints were a standing item on the agenda at every staff meeting and staff updated on the status of the investigation of a child protection concern and/or the outcome of such an investigation.

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

None identified.

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

None identified

## **3.8 Education**

### ***Standard***

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

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

Both young people attended school on a full-time basis and were in appropriate educational placements. They were supported by the staff team to reach their full potential educationally and the young people had exemplary school attendance records. There were good educational plans in place for the young people and their educational progress was reviewed at statutory review meetings. One of the young

people had been facilitated to move schools for their leaving certificate cycle to avail of specific subject choices. The young people were encouraged to complete their homework and were assisted by staff when required. Additional educational supports were organised by the staff team and their respective schools where required. One of the young people had supports reduced during the school year due to progress made within the school environment.

The staff team had regular contact with the schools. Positive school reports were celebrated and young people were rewarded accordingly.

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

None identified.

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

None identified.

## **3.9 Health**

### ***Standard***

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

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

The young people's healthcare needs were assessed and promoted by the staff team. Inspectors found that young people had their own general practitioner and had up-to-date medical cards. The medical histories, including their immunisation records were contained in their files. The staff team had the appropriate medical consent in place. The dental needs of the young people were met. They had regular dental appointments. Inspectors found evidence on file of all medical appointments and a brief report on the outcome of all such appointments.

One of the young people was prescribed medication. This medication was a low dosage and was reviewed twice in the past twelve months by the required professional. Inspectors viewed a sample of administration sheets and found that they were appropriately completed in line with the centre's policy on medication management.

The centre had a no smoking policy that prohibits staff and young people smoking in the centre or when sharing transport. The young people in placement did not smoke. There was evidence that key-work and individual work was carried out with the



young people in relation to promoting healthy lifestyles and information was provided as appropriate in relation to physical and sexual development.

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

None identified.

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

None identified.

### **3.9.4 Regulation Based Requirements**

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

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

## **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**

#### **Safety**

The centre had a written safety statement. It was signed by staff members to indicate they had read and understood the policy. The centre had an appointed health and safety officer and the site-specific risk/hazard identification record evidenced that the house and its environs are risk assessed on a weekly basis. Risks were appropriately identified, recorded and managed by staff. This record was reviewed and signed by the centre manager. Daily checks on the centre's sharps box were evidenced on the handover checklist.

Medication was safely stored in a locked medicine cabinet. Medication for each young person was stored individually. The centre had a written policy on the safe administration of medication and staff members had undertaken training in the safe

administration of medication. First aid kits were located in the staff room, the kitchen area and in the car.

Staff members were trained in first-aid techniques. All accidents are recorded separately in a record book. All action taken in relation to these accidents were appropriate to the circumstances.

An audit of the food storage and food preparation areas was undertaken when the centre was initially registered and the inspectors found that the recommendations outlined in this report continued to be adhered to at the time of the inspection. A number of staff received HACCP training to ensure good standards in relation to food hygiene and food preparation were maintained.

Regular inspection of the premises in relation to pest control was evidenced on the centre records. Cleaning products in the centre were safely stored.

The centre vehicle was road worthy. It was taxed, insured and had an up to date NCT. Records of car repairs were held in the centre.

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

#### **Maintenance and repairs**

Maintenance requests were dealt with promptly. A maintenance log was maintained by the centre manager that recorded the maintenance required and included when the tasks were completed. The inspectors found that a number of areas of the house required de-cluttering also the decorative order in some areas of the house did not reach a sufficient standard. The director of services must ensure they monitor the premises periodically to ensure the maintenance of safety and standards. The inspector undertook a follow up visit to the centre on December 16<sup>th</sup> and was satisfied the recommended work had been undertaken.

#### **Accommodation**

The proprietor provided evidence that the centre was adequately insured against accidents and injuries to children.

While some areas of the centre was recently painted internally the inspectors found there were a number of areas of the house that required de-cluttering and a decorative upgrade namely the kitchen, conservatory and storage areas.

The centre was adequately lit, heated and ventilated and there were suitable facilities for cooking and laundry. The young people's awards, achievements and toys were evident throughout the centre. However the inspectors felt the environment could be further enhanced with some additional bright, colourful soft furnishings.

Inspectors were satisfied that staff ensured there were adequate arrangements in place for young people to have visits from family members and social workers that were private.

The young people had their own bedrooms that were decorated in accordance with their own personal preferences but required ongoing monitoring by the centre manager to ensure they were maintained in good order.

### **Fire Safety**

An engineer report outlining the centre's compliance with the Regulations of Part B Fire Safety and Building Regulations was submitted to inspectors. A copy of the fire safety certificate granted by the local county council, under the Building Control Act 1990 and 2007 was also forwarded as part of the registration process.

The inspectors were concerned that adequate precautions had not been taken to ensure there was an effective means of escape in the event of a fire. Exit routes were blocked and encumbered. Inspectors found that keys to fire exits were not easily accessible. The newly appointed fire warden had not received specific fire warden training. Staff completed the fire safety logbook nightly however the inspectors found this audit tool was not effective to ensure adequate checks on all exit routes. The inspectors wrote to the company director and outlined the concerns and the required action to be taken immediately. A follow-up inspection was undertaken and the inspector was satisfied that all matters of concern were adequately addressed and rectified.

Fire extinguishers and the required fire-fighting equipment were located at identified fire points in the centre. Fire-fighting equipment was subject to an annual maintenance check. Staff undertook annual training in fire prevention and evacuation. There was evidence that detection equipment and fire safety equipment was maintained and fire drills had been undertaken and recorded. Fire evacuation plans were displayed throughout the centre.

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

None identified.

### **3.10.4 Regulation Based Requirements**

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

*-Part III, Article 8, Accommodation*

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

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

*-Part III, Article 15, Insurance*

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

#### **Required Action**

- The centre manager must ensure the fire warden undertakes the appropriate training.
- The director of services must routinely monitor the premises to ensure the maintenance of standards and safety.

## 4. Action Plan

Standard	Issues Requiring Action	Response	Inspectors Commentary
3.1	None identified	N/A	N/A
3.2	<p>The director of service must ensure that centre manager applicants have five years post qualifying experience on appointment.</p> <p>The centre manager must ensure there is a balance of experience to inexperienced staff on duty at all times.</p>	<p>The director of service will ensure that centre manager applicants have five years post qualifying experience on appointment to management post.</p> <p>The centre manager is satisfied there is a balance of experienced and inexperienced staff on the staff team. Ensuring there is a balance of inexperience and experienced staff on duty will take the highest priority. The rota has been reconfigured to ensure inexperienced staff are on duty with experienced staff members. External measures have been implemented by the centre manager as an additional safeguard to ensure the above.</p>	<p>The inspectors are satisfied with this response.</p> <p>The inspectors are satisfied with this response.</p>

	The director of service must review the reference template to ensure that information in relation to the profession/role of the referee and organisation they represent is evident.	The director of services will review the reference template to evidence the position or role of the referee by the 21/3/17.	The inspectors are satisfied with this response.
<b>3.3</b>	None identified	N/A	N/A
<b>3.4</b>	None identified	N/A	N/A
<b>3.5</b>	The social worker. must ensure that the objective of identifying a foster care placement for this young person is carried out as a matter of priority	The social work placing team are committed to progressing the overall objective of care planning which is to transition this young person to a suitable foster placement. A suitable family was identified in November / December 2016 unfortunately due to circumstances outside of our control this did not materialise. As per our last care plan in January 2017 social work will continue to look for a suitable foster care placement for this young person.	The inspectors are satisfied with this response.
<b>3.6</b>	The centre manager must ensure regular audits on the young people's bedrooms are carried out.	The centre manager will conduct weekly audits on each young person's room. The centre manager will make relevant comments on the young person's daily log.	The inspectors are satisfied with this response.

<b>3.7</b>	None identified	N/A	N/A
<b>3.8</b>	None identified	N/A	N/A
<b>3.9</b>	None identified	N/A	N/A
<b>3.10</b>	<p>The centre manager must ensure the fire warden undertakes the appropriate training.</p> <p>The director of services must routinely monitor the premises to ensure the maintenance of standards and safety.</p>	<p>The fire warden completed fire warden training on the 8/2/17.</p> <p>The director of services will routinely monitor the premises on a bimonthly basis.</p>	<p>The inspectors are satisfied with this response.</p> <p>The inspectors are satisfied with this response.</p>